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TORONTO, JANUARY, 1883.

Original Communications.

NOTES ON THERAPEUTICS.

BY R. L. MACDONNELL, B.A., M.D., M.R.C.S.

(Asst. Demonstrator of Anatomy, McGill University, Montreal.)

Every medical man has his share of the worry and annoyance arising from the treatment of hysterical and allied disorders. He who has an hysterical spine in his practice cannot be happy. He is doomed to be supplanted by the hydropathist, the homœopathist or the movement cure man. In Montreal, we are constantly hearing of such cases being cured by faith, and, inasmuch as the miracle is much advertised in the evening papers, we are assured of a fine supply of such cases in the future. What bliss it must be for the hystero-malingero hypochondriac to read of the record of her sufferings in a newspaper, her early history, her devotion, her domestic virtues, how many doctors came, saw, and shook their heads. The Weir Mitchell plan of treatment has come to the rescue though, and will undoubtedly do much to keep the neurasthenic out of the hands of the quack.

The profession in England seem to hold a very high opinion of this line of practice. The "Systematic Treatment of Aggravated Hysteria and Certain Allied Forms of Neurasthenic Disease," was the title of a paper read by Dr. Playfair* to open the discussion upon this subject at the meeting of the British Medical Association at Worcester last August.

* *British Medical Journal*, August 19, 1882.

Dr. Playfair has had 18 months' experience of this treatment, and has not only acquired a daily increasing confidence in the value of Weir Mitchell's method, but has had more satisfactory and surprising results from it than he has ever before witnessed in any branch of his professional experience, and now he more confidently undertakes the care of a well selected case of this kind, than he does that of almost any other malady that comes under his notice.

When he talks of the "useless system of drugging with so-called nerve tonics," one feels inclined to cry "hear, hear." At the same time that we are giving these medicines the psychological causes are all at work, "the injudicious and constant nursing, the craving for sympathy, the fact that the sick-room becomes the centre of interest for the patient and her friends, the constant discussion of feelings and symptoms." At this period of pessaries, of lacerations, of flexions, which has succeeded the "ulcerated os" period, and now, when every pain, every ache, every passing abnormal sensation is pounced upon by the gynæcologist as appertaining to his special field of work, it is highly comforting to read the words of one so eminent in that branch of medicine as Dr. Playfair. "It would be a great mistake, however, to conclude that there is any necessary or constant connection between the two. Indeed, although very frequently the nerve state has originated in connection with uterine disease, in a large proportion of the cases I have seen it has completely

overshadowed the original local disorder. I am sure that I should not, in common honesty, make the somewhat humiliating confession that, in many instances, overmuch and injudicious local treatment, has, in my opinion at least, intensified, and kept up the now dominating neurasthenic disorder as in a case under my care as I write, in which the patient may fairly be said to be suffering from pessary on the brain—so incessantly is she thinking of one or other of the seventy-nine different instruments which she has had inserted in the last few years in America and in this country."

The case best suited for systematic Weir Mitchell treatment is the worn and wasted, often bedridden woman, who has broken down, either from some sudden shock, such as grief, or money losses, or excessive mental or bodily strain, beginning with simple debility more and more yielded to, until at last all power of effort is lost. Coincident with this is the total loss of appetite, the profound anæmia, and the consequent wasting of the tissues.

Then follow the graver forms of hysterical disease, such as paresis, or paralysis, vomiting, disorder of motion, hystero-epilipsy, and many others which constitute the despair of the physician.

The principal elements in the systematic management of these cases are:—

1. The removal of the patient from unhealthy home influences, and the placing her at absolute rest. 2. The production of muscular waste, and the consequent possibility of assimilating food by what have been called "mechanical tonics," viz., prolonged movement and massage of the muscles by a trained shampooer, and muscular contractions produced by electricity. 3. Supplying the waste so produced by regular and excessive feeding, so that the whole system, and the nervous system in particular, shall be nourished in spite of the patient.

Dr. Playfair cites four cases to illustrate the class of disease to which this method is applicable and the uselessness of all ordinary treatment in such conditions. In one of his cases no less than twenty-five medical men had been consulted, this number including the names of many of the most eminent consultants in the country, of itself a sufficient proof that all that the most advanced medical knowledge and skill could do had been tried in vain.

Case I. A young lady with hysterical vomiting, which she had had for six years. Latterly, she could keep nothing upon her stomach but a single mouthful of milk, and this only when mixed with whiskey; so that in this way she was taking three to four glasses of spirit daily. Weight 63 lbs. In three days after isolation, she was keeping down two quarts of milk, without the aid of whiskey. In ten days she was eating with an enormous appetite, and in six weeks she left town weighing 106 lbs., a gain of 43 lbs., and has since remained quite well.

Case II. A girl aged seventeen. Hysterical hemiplegia of four years standing, during which time she had never been out of bed. Severe cough, which had resisted all medication. No food could be taken beyond milk, a biscuit and an orange. At the end of a month Dr. Playfair drove her out in his carriage, dropped her at the top of the street in which she lived, and made her walk down to pay her parents a visit. She has since remained quite well. The cough ceased forty-eight hours after she was removed, and was never heard again.

Case III. This next instance is an example of the kind of case best suited for this treatment. No definite illness, no simulated disease, but a general break down. An invalid all her life; sometimes headache and nausea; at others, spinal irritability, giddinesss, etc. Never happy unless seeing a doctor or taking physic. She was wasted to a skeleton. Her chief complaints were nausea, headache, backache, intense nerv-

ous depression and timidity (so that she was unable to speak to a stranger), and absolute anorexia; skin dry and rough; menstruation irregular; entirely dependant on chloral and morphia for sleep. Had been nine years upon her back. In six weeks she was walking about. She now plays tennis, goes out to picnics and parties, and enjoys life like any one else.

Case IV. This case must be well known to many members of the profession, since there is scarcely a consultant of eminence who has not seen her during the sixteen years her illness has lasted. Dr. Playfair's acquaintance with the case is curious. He first saw on the esplanade, at Brighton, a remarkable party at which everybody was looking. The chief personage in it was a lady, reclining at full length on a long couch, and being dragged along, looking the picture of misery, emaciated to the last degree, her head drawn back in a state of opisthotonos, her hands and arms clenched and contracted, her eyes fixed and staring at the sky. There was something in the whole procession that struck him as being typical of hysteria. She had been dragged about Brighton in this way for ten or twelve years. Dr. Playfair took charge of the case on the 14th January, 1882. She exhibited the following symptoms since 1864, when she was first attacked with paralysis of the left arm: complete paraplegia, left hemiplegia, complete hysterical amaurosis. She had been bed-ridden since the illness began, and had not passed urine spontaneously for sixteen years. There was "awful suffering in the spine, head, and eyes," requiring the use of chloral and morphia in large doses. The following are the brief notes from Dr. Playfair's note-book on the day of his first visit: "I found the patient lying on an invalid couch, her left arm paralyzed and rigidly contracted, strapped to her body to keep it in position. She was groaning loudly at intervals of a few seconds, from severe pain in her back. When I attempted to shake her right hand, she begged me not to touch her, as it would throw her into a convulsion." Said to have had epilepsy as a child. Daily and hourly attacks of loss of consciousness. The left arm and both legs are paralysed. Takes hardly any food and is terribly emaciated.

The first night she was in the Home Hospital, in Fitzroy Square, she shrieked and groaned so much that no one in the house was able to sleep. On the next afternoon, between 3 p.m. and 11.30 p.m., she had had nine violent convulsive paroxysms of an epileptiform character. The next day she was quieter. On the fourth day she passed urine spontaneously, and the catheter was never again used. In two months she went a sea voyage to the Cape. She now remains in robust health, and joins with pleasure in society.

In the discussion which followed, Dr. Clifford Allbutt mentioned a case he had sent to Dr. Playfair from Yorkshire. She was removed to London under chloroform, swung in a hammock. She was cured in about six or eight weeks, then went on a sea voyage, and was perfectly well ever since.

Dr. H. Bennet (Weybridge), felt inclined to break a lance in favour of the old Hippocratic doctrine, which referred hysteria in many cases to the uterine organs, especially in young females. He had introduced to the profession a fact now generally acknowledged, viz., that uterine disease, inflammatory and otherwise, was not unfrequently found in virgins. He had, in many cases, cured them merely by getting at the disease, and removing it.

Dr. Playfair, in reply, said that he had not sufficient experience of the effect of the treatment in men, although, doubtless, in suitable cases it might answer well. In chorea it certainly did good. Real organic disease is a positive contra-indication. Hitherto none of his cases have relapsed.

AGARIC IN THE NIGHT-SWEATS OF PHTHISIS.

Agaric * is a fungus of the larch. It is known in botany as the agaricus laricis,

* Dr. Murrell—*The Practitioner*, November, 1882.

boletus laricis, and the polyporus officinalis.

It is an old remedy, having been in use in the treatment of the night sweating of phthisis for over a century. Dahen used it successfully in 1797. Rayer of Paris employed agaric in a large number of cases at the Hôpital de la Charité. A pamphlet was published by E. Bisson in 1832, containing an account of the results of its use in 14 cases, as follows:—1. White agaric may be employed with advantage in the treatment of the night sweating of phthisis. 2. In doses of four, six, eight, or ten grains, given at bedtime, for some days, it usually checks sweating, when the patient is not at the same time suffering from diarrhœa. 3. When diarrhœa is also a prominent symptom, the agaric should be given in combination with opium. 4. When the diarrhœa is persistent and not checked by opium, agaric is contra indicated. 5. Agaric not only checks sweating, but induces sleep and prevents exhaustion. 6. Even if powerless to cure phthisis, it retards the progress of the case, and relieves the patient of one of the most dangerous and distressing symptoms. Andral, in the Hôpital de la Pitié, used it extensively. The dose employed was usually from six to eight grains, in two pills, gradually increased to thirty-six grains, divided into six pills. On one occasion, he gave a patient first thirty, then forty-eight, and finally sixty grains. It checked the sweating, but caused violent purging. Trousseau usually gave about nine grains at bedtime.†

Dr. Murrell has treated sixty-four cases of night sweating with agaric. In fifteen of these there was cavity of the lung. To ten patients he gave pills of three grains of the powder each. The sweating was checked, but the action was slow and not certain.

† Agaric has a place in the French Codex. Its preparations are a powder and a liquid extract. A general account is to be found in the *National Dispensatory of Stille and Maisch.*

The pills of the powder being bulky, he gave to eight patients three-grain pills of the extract of agaric. Each pill was the equivalent of nine grains of the powder. The results were better. To thirteen patients thirty-grain doses of the powder were given. This set up purging. Twenty-grain doses reduced the sweating and did not cause diarrhœa.

Dr. Murrell concludes that it is a good remedy, and there are times when it may be used with advantage; but he much doubts if it is equal to atropia, picrotoxine, pilocarpine, or Dover's powder.

Dr. John M. Young‡ takes a more favourable view of the drug. He used a tincture of the powder, of the strength of ten grains to the drachm, but the active principle agaricine, in 1-12th-grain doses, was found a more convenient mode of administration.

His conclusions are as follows:—1. Night sweating becomes lessened proportionately to the amount of the drug administered; and if sufficient doses be given, becomes effectually checked or prevented, according to the time of administration. It works well in cases of sweating not dependant on phthisis. In the quickness of its action it resembles atropin. 2. Its effect in sweating is not more marked than its effect in promoting sound sleep, and relieving troublesome cough, especially that of phthisis. This is the fact most notable to the patients themselves, a gradually increasing feeling of drowsiness following its administration, in most cases. In one case in particular, the first large dose of tincture of agaricus checked troublesome and painful coughing during the night.

Fungus Agarici is mentioned in Quincy's "Compleat English Dispensatory," London, 1749. It is classed as an eccoprotic, and no mention is made of its being useful in any other way. Dr. Grant, of Ottawa, advocated its use in acute rheumatism.

‡ *Braithwaite's Retrospect*, July, 1882, p. 72.

His article is to be found in the *British American Journal of Medical Science* for 1862, vol. iii., p. 92.

IODINE IN ERYSIPELAS AND SMALLPOX.

The *British Medical Journal* has published lately, amongst its therapeutic memoranda, statements commendatory of the action of iodine as a paint in erysipelas. Strangely enough, this old practice was given as if it were something new. After a month or so the writer discovered that he was in error in supposing he was the originator. My earliest recollection of erysipelas was seeing a friend's face painted in this manner. All the medical writers whose works are at hand mention iodine in this connection. Fourneaux Jordan, quoted by Ringer, recommends blisters or iodine. Tanner ("Practice of Medicine") states that "boundary lines may be drawn on the sound skin with tincture of iodine or nitrate of silver." Smith ("On Diseases of Children") thinks it a better remedy for arresting the extension of erysipelas than nitrate of silver. It should be applied to the margin of the sound skin to the distance of two inches. In the 1848 edition of "Dunglison's Practice of Medicne," Dr. Davies, of Hertford, England, is quoted to the effect that the tincture of iodine, diluted with two parts of alcohol, and applied by means of a camel's hair brush, is an excellent application.

In the issue of the same journal, of the 30th Sept., 1882, Dr. Henry Tomkins writes that it is useful in the above mentioned modes of application, more particularly the one quoted by Dunglison in 1848. In smallpox too, he advocates its use. Now, long ago, at least thirty years ago, Dr. Crawford, one of the physicians of the Montreal General Hospital, and a lecturer in McGill College, published an article containing the results of his treatment of smallpox cases by iodine paint, and claiming that it prevented the subsequent pitting.

PARASITIC INFLAMMATION OF THE EAR.

(Read before the Canada Medical Association.)

BY J. FERGUSON, B.A., M.B., L.F.P.S.
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The knowledge of this peculiar, limited form of inflammation in the external ear, caused by the presence of a fungus growth, dates a new era in otology. For, although several examples had been observed by Mayer, Paccini, and Karl Cramer, also a short contribution on the subject by Schwartze, yet it was not till the comprehensive work of Wreden on the diseases of the ear appeared that it became really known. In late years the pathology of otomycosis has been greatly enriched by the worthy efforts of Burnett, Blake, Cassels, Hagen, Bezold, Lowenberg, and Hassenstein.

The fungus growth, occurring most frequently in the ear, belongs, according to the statement of Wreden, to the species aspergillus nigricans and flavescens; according to Bezold, to the aspergillus fumigatus. The less frequently occurring fungus formations in the ear are the trichothecium roseum observed by Steudener, the fungus with grass green conidia described by Hagen, the otomyces purpureus of Wreden and Burnett, and the ascophora elegans of Tröltsch.

The examination of the fungus mass removed from the ear yields a somewhat flattened epithelium, breaking down; and a manifold interlaced mycelium texture, from which arise, perpendicularly, cylindrical strong walled, often divided stems, which carry the head of the fungus or sporangium. This sends out from the central bladder-like widening or receptaculum the radius upon which are placed lengthened cells. On the free ends of these latter are seen the round conidia or spores.

The colour of the various varieties of the fungi depends for the most part on the colour of the conidia. This statement is particularly true of those found in Britain and Germany, and almost entirely in regard

to the case I am recording. The conidia in the aspergillus nigricans are blackish brown, in the aspergillus flavescens yellowish or greenish, and in the aspergillus fumigatus greyish black. According to Burnett, the sporangia in the aspergillus glaucus are smaller and narrower than in the aspergillus nigricans. The aspergillus fumigatus possesses the smallest sporangia, and, according to Bezold, seldomer than the above species gives rise to well-marked inflammation in the ear.

Aetiology.—The fungus spores, having reached the external ear, from the air, begin under favourable circumstances to bud and increase rapidly. According to Bezold, the development of the fungus mass has been observed to be most vigorous after the dropping in of some oily substance, which, like all fats, forms an agreeable nidus for the parasites. That by the dropping in of a fungus producing medicated solution otomycosis can be produced, has not hitherto been made certain by experiment; yet there is every reason to think that such may really take place in the ear. On the contrary, the statement of Bezold can be confirmed, that the ear fungus develops in persons who dwell in damp, muddy localities, as is shown by numerous observations. Often there is no exciting cause visible for the disease.

Occurrence.—This form of otomycosis appears mostly in full-grown persons, or in the middle years of life, hardly ever in children, and seldom in aged individuals, and shows itself oftener in the poor classes than the rich. The common occurrence of fungi in persons with catarrh of the middle ear, depends certainly upon the frequent habit of dropping into the ear some kind of oil. In chronic discharge of the middle ear, the fungi very often develop themselves on a moist crust, especially on the application of chloride of iron, too weak to give rise to inflammatory symptoms. Burnett twice saw the fungus growth extend into the cavity of the tympanum. In profuse discharge from the middle ear parasites have not as yet been noticed.

Symptoms.—The fungus growth can exist without symptoms, while spreading over a greater part of the ear passage and the coating of the membrane, so long as it has its seat only in the epidermis. But if the vegetation extends into the rete malpighii, and comes into contact with the living tissue, that form of inflammation arises which we call otitis parasitica externa. As to the truth that the mycelium can extend into the deeper tissues, this is made clear by several preparations of perforated membrana tympani, in which the peripheral remainder appeared pierced through by the fungus. This was so in a case of Dr. Politzer's. As the aspergillus extends into the deep tissue a very severe kind of inflammation is produced. In one case of chronic catarrh of the middle ear, Politzer found, on examination, small sulphur yellow masses, supported on short stalks. These were most abundant in the bony part of the passage; while inflammatory symptoms were wholly absent. A slight excoriation was visible, and in a few days severe symptoms set in, with an abundant growth of the fungus beneath the epidermis. In another example, where the growth of the aspergillus remained without symptoms, he made a cut through the epidermis. In the course of a few days there was noticed along the cut a painful infiltration. The subjective symptoms of otitis parasitica externa are great itching and shooting pains, which increase to violent darting pains along the side of the head and neck. In most cases ringing in the ears and dullness of hearing are associated. If you examine the external ear, you find, in aspergillus nigricans, the bony part of the passage and the coating of the tympanum especially, of a black, or somewhat black colour, as if sprinkled with coal dust. On using the syringe, this, in the form of

threads of considerable thickness, is washed out. On the surface of these can readily be seen, with the naked eye or a lens, the characteristic black points or sporangia. In aspergillus flavescens the surface seems as if covered with lycopodium. After the removal of the living membrane from the bony passage and the tympanum, it is found for the most part to be stripped of epithelium, swollen and red.

History.—The duration of otitis externa parasitica depends on the spread of the fungus growth and the earlier or later commencement of treatment. Where the process is allowed to take its own course, or where the true nature of the disease is not recognized by the attending physician, then the inflammation may continue for many weeks, and, as has been observed in several cases, lead to the perforation of the membrane. In many cases the symptoms of inflammation disappear quite independently of the continuance of the fungus, only to return, after an interval of weeks or months, with renewed vehemence. On examining such cases we often find the meatus filled with an infiltrated polished fungus membrane. Immediately on the removal of the membrane in the inflamed condition, an evident cessation of the pain and subjective symptoms occurs, and in favourable cases there is rapid healing. But where, after the removal of the membrane, no antiparasitic remedy is used, frequently on the following day, with severe symptoms, the meatus is again covered with fungi similar to the one removed on the previous day. Relapses are thus of frequent occurrence, until the parasite spontaneously dies out, or is removed by treament.

Diagnosis.—The diagnosis of fungus growth in the ear presents no difficulty, if, on distinct symptoms of otitis externa, an examination with the ear speculum shows the coloured characteristic condition. Sometimes there are dark brown epidermal flakes syringed from the ear that might pass for fungoid growths; but which are due to colouring with foreign particles. In doubtful cases the microscope soon settles the matter.

Prognosis.—This generally is good in otitis externa parasitica, if, on the application of a remedy, there is rapid healing, or even after perforation of the tympanun, the inflammation soon subsides. If, on the other hand, there remains a certain amount of inflammation, and the person continues to live in a damp locality, a favourable result to treatment may be long delayed.

Treatment.—After the fungus growth has been removed by syringing as well as it is possible, as well as the greater part of the false membrane, the meatus is filled by means of a warm spoon, with rectified alcohol. This is allowed to remain in for about quarter of an hour, and repeated twice a day. Should this give rise to too severe burning pain, the alcohol must be diluted with an equal amount of distilled water for a short time, and the full strength gradually resumed.

The success of this treatment is usually so great that after two days no spores of the fungus are visible in the meatus; while it and the membrana tympani are covered with a dry, tender epidermis. The ringing, pain, and deafness are nearly gone. For the complete prevention of any residual trouble, Politzer advises the patient to continue the use of the alcohol for a considerable time. In one case he used it four weeks, in another for nearly a year. In the case I had under my care, the disease had been contracted in Saginaw City. The alcohol was used, and with such good effects that after ten days no trace of fungus could be found, and the tissues appeared to be quite healthy. There was no perforation, but the disease was well marked on the membrana tympani.

Drs. Joseph Hearn and Oscar H. Allis have been elected Surgeons to Jefferson College Hospital in Philadelphia.

NOTES FROM THE SKIN CLINICS, VIENNA.

BY W. H. AIKINS, M.D., L.R.C.P., LOND.

There exists a friendly rivalry between the professors on skin diseases in the Vienna University, each trying to excel the other in bringing before their classes the most interesting cases. In this way there is usually something good every day. The male patients, when presented to the class, have to mount a stage perfectly naked, so that all parts of the body are at the same time exposed, and eruptions existing on different parts can readily be compared. The diagnosis is made and the case lectured on usually without any questions being put to the patient. Prof. Neumann, though lecturer on syphilis, has many skin cases not connected with that disease. A favourite treatment of his for soft syphilitic ulcers is the application of iodoform. One part of iodoform is dissolved in six parts of ether sulph. and the solution sprayed on the sore. The ether very rapidly evaporates, leaving the crystals of iodoform firmly adhering to the ulcer.

An interesting case of sycosis parasitica was seen in his clinic. A middle aged man had a well defined soft tumor on his chin, about an inch in diameter. Its surface was smooth and flat, and the few short hairs still remaining on it were atrophied and broken. On squeezing it, a quantity of serum was pressed out. It was five weeks since the patient first noticed anything there. In ninety-five per cent. of the cases, sycosis parasitica follows on herpes tonsurans, but here the surrounding skin was quite free from disease.

This was but the eighth case the professor had seen, and was thought to have been caused through the use of an unclean razor, which is considered to be the cause in ninety-five out of every hundred cases; though, of the seven which were seen prior to this, the disease was proved, in four of them, to have come through infection from animals, two from horses, one from a cow, and the fourth from a dog. The diagnosis of sycosis parasitica was subsequently confirmed by a microscopic examination of some of the removed hairs, and the patient treated by cleanly shaving the chin, and the application of a sulphur ointment. When he was again seen, twelve days after the treatment was commenced, he was practically cured.

Two other cases which we saw in the clinics of Profs. Kaposi and Neumann, respectively of pemphigus vulgaris and erythema, were reported for the *Wiener Med. Zeitung*.

Pemphigus Vulgaris.—A corpulent patient, fifty years of age, had a chill fourteen days ago, and since then has lost flesh. He sleeps badly and has no appetite. A year ago, he had a mild attack of the same disease. Scattered over the whole of the body, particularly on the chest, back and right arm, there are numerous crusts and bullæ, the latter from the size of a pea to that of a hazelnut. The thin walled bullæ are tensely filled with a cloudy, yellowish fluid; some of them are situated on healthy and others on erythematous skin, which has here and there an eczematous appearance.

The right arm is oedematous and swollen, and considerable serum comes from it where the corium is laid bare, and also from the bullæ which have burst. Some of the fluid was caught in a test tube and heated. A large quantity of albumen was present. Pemphigus vulgaris consists in successive eruptions of bullæ in the superficial layers of the epidermis, accompanied by feverish symptoms. The bullæ last an uncertain time. During the attack they never come twice in the same spot and disappear without leaving scars. The forms of this skin disease are very numerous, and one finds on looking over the literature of the subject ninety different kinds described. Hebra divided the disease into two principal forms, the benign and malignant. The benign is

associated with moderate fever, rapid pulse, and many crops of bullæ. The localization is irregular. The bullæ may lie widely apart (p. disseminatus), or appear singly and superficially situated (p. solitarius). These two varieties are accompanied by no fever, and the subjective complaint consists only in the moderate itching, with a feeling of tension where there are bullae, more or less sleeplessness and loss of appetite. The disease lasts from two to six months. Frequently there are relapses, and Prof. Kaposi mentioned the case of a friend who had suffered during the whole of his life from p. solitarius. In p. hæmorrhagicus the bullæ are filled with a bloody serum, which, after a day or two, becomes purulent, and when they disappear there remains a brownish pigmentation of the skin. Often many fresh bullae appear around one just healed (p. circinatus). They may also be seen in serpiginous lines (p. serpiginosus.) As belonging to the malignant form, we have, p. foliaceous, where after a blister-like raising of the epidermis, the retè malpighii is laid bare, the fever is more intense, and the patient dies of asthenia. The croupous or diptheritic variety is still more malignant; for, after the bursting of the bullæ, the skin becomes covered with a yellowish-grey diphtheritic-like membrane, and the corium becomes infiltrated, hard and necrotic. Also, in the malignant class may be numbered p. pruriginosus, in which the patient, in consequence of the incessant itching, never allows bullæ to form, but scratches off scarcely-formed vesicles, and, as a result, in this variety there are excoriations and numerous eczematous crusts. The benign form, through frequent relapses, may take on a malignant character, and, on the other hand, the malignant form often runs a favourable course.

The cause of Pemphigus is not known. Great attention has been paid to the examination of the contents of the bullæ, which have the same reaction as that of blood serum. It is thus evident that by a copious bullous eruption the quality of the blood becomes greatly deteriorated, and the patient correspondingly reduced in strength. There has also been found in the contents of the bullæ the constituents of urine, and from this fact it has been supposed that Pemphigus is associated with kidney disease, a fact which was several times established through *post mortem* examinations.

Unfortunately, there is no efficient medicine to prevent or cure the disease, and the local and general treatment must be directed to relieving the symptoms; tensely filled bullæ should be opened; the places from which the epidermis is removed to be rubbed with an ointment; quinine given where there is fever, and a continuous bath to relieve the pain.

The patient has been already five days in the bath, and is much improved; he sleeps well, has a good appetite, suffers no pain, and has now no fever. The water of the bath is kept at a temperature agreeable to the patient.

Erythema.—What is to be particularly observed on looking at the patient standing before you, is, that on the back there is a row of whitish-red, oval spots, their centres being of a normal colour. The shape of every spot approaches the circular, but when several run together, the division line between them disappears, and the eruption is seen in the form of serpiginous lines. It is called gyrate, if it is an erythematous eruption, and spoken of as serpiginosus in the papular pustular and ulcerative forms. This form of eruption is most frequently observed in the extremities; when it is found on other parts of the body, it is associated with a suppurative process, with pyæmia, and particularly with retained pus in pleura or peritoneum. In the case of this patient, the cause of the erythema is easily known, for there is an induration on the penis, with swelling of the lymph glands. Every

erythema connected with syphilis, and having the circular contour, is a late form, four to six months after infection; or it may appear after several years when there has been a relapse; seldom later than six, never after ten years. Lepra anæsthetica very greatly resembles the erythemata; only, when they last a long time, they are not red, but of a dark brown colour. Moreover, in lepra anæsthetica there is nerve thickening and muscular atrophy, and the anæsthesia is not limited merely to the spots of the eruption, but is found on other parts of the body.

MORAL INSANITY—WHAT IS IT?

(Read at a meeting of Toronto Med. Soc., Dec. 14, 1882.)

BY J. WORKMAN, M.D., TORONTO.
(Late Superintendent of Toronto Asylum for Insane, etc.)

In the whole range of medical literature there is, perhaps, no nosological term which has been provocative of keener criticism within the ranks of alienistic specialists, and certainly none which has invited more of vapid pedantic invective, in the outside world, whether at the bar, or in the bar-room, on the bench, or in blue-stocking sewing circles, than the hapless misnamed creature which I have selected for your present merciful consideration. I would trust that, as the untimely born thing had no voice in its own baptismal designation, but has owed the infliction to one of our own countrymen, who was dissatisfied with the names previously given to it by a couple of Frenchmen, too recently before, and too soon after the battle of Waterloo, you will approach the subject with becoming moderation, and, as far as in you may lie, endeavor to rescue it from the opprobrium under which it has innocently suffered.

In the year 1835, Dr. Pritchard gave to the British public his very valuable treatise on insanity. Nothing can be more unfortunate than the enunciation, in any department of science, of an erroneous doctrine by an author of celebrity. The world has suffered enormous evils, resulting from this source; and, I fear, not a few of its insane portion have been subjected to very unjust and very unwise judicial penalties, as the direct outcome of Dr. Prichard's indiscreet nomenclature. Had he been content with the simple depiction of cases of unquestionable mental alienation, so graphically, and I doubt not, so faithfully recorded by him, in which the prominent and high overtopping manifestation of mental alienation, was that of moral abnormality, or utter disregard of the proprieties and conventionalities of social life, his work might well command enduring veneration and gratitude; but he had the misfortune to introduce into the science of alienism that ill-fated term —*moral insanity*—as significant of a form of the disease in which the intellect continues quite intact. It is not outside the range of the possibilities, that, had he dubbed his new birth by some different name, and insisted less pertinaciously on its specificity, his theory might have had a longer run of uncontroverted domination. I think, had he consulted me, I would have advised him to call it *Insane Morality*, and, I think, any discerning reader who will calmly and carefully analyse the seventeen cases given by him as illustrations of the malady, would admit the desirability of the change. But, what is the use of writing a book that introduces nothing of novelty? Pirsel, in 1809, treated of a form of insanity, apparently very similar to, if not identical with, Pritchard's Moral Insanity. He called it *Manie Sans Delire*. His pupil Esguirol, following docilely in the footprints of his venerated master, expanded the subject, and, in one of the best works yet devoted to the subject of mental disease, he has given several examples of the same affection, but like Pritchard, he tries his hand in the nominating line of business. Pinel's Madness without Delirium and Pritchard's Moral Insanity, become, under his sponsorship *manie saisonnaute*—reasoning madness—a designation which, to ninety nine and more, of every hundred of the uninitiated, who have been taught to believe

that the insane always rave and never reason, could not fail to appear utterly absurd. Hence, no doubt, Pinel and Esguirol, and all who have ever expressed concurrence in their theory, have been regarded as themselves insane, and have been much pitied as victims, by contagion, to the dreadful malady, to the practical study and amelioration of which they had too earnestly devoted their time and their untiring efforts.

Yet, gentlemen, there is much valuable instruction in the works of Pinet, Esguirol, and Pritchard, to all such as will sedulously distil it out. The insane do not always rave, nor do those who rave, always do so; the insane sometimes reason, occasionally indeed, a little too sharply, as I have often known, for those who address them as if taking them for mindless bipeds; and I apprehend it is within the knowledge of most of us, that the morality of the insane is not always of unexceptionable purity.

Every man must, from his own consciousness, feel convinced that the human mind, or if I may without offence use the term, the human soul, embraces, in its domain, something more than mere intellect. We all *feel* as well as *think*, and our judgment is often influenced by our feelings; in too many instances, indeed, the latter obscure or warp, or even completely subjugate the former. It is a great error to cut the mind up into distinct and independent principalities, any one of which may pass into a state of rebellion or anarchy, without disturbing the peace or even endangering the normal integrity of others. Those who have had sufficient opportunities of observing the primary manifestations of mental disease, must be able to testify, that in very many instances, long before any disorder or impairment of the intellect has been noticed or detected, some unaccountable change has been exhibited in the feelings, the moral sentiments, or the conduct and social demeanour of its destined victims.

The temper which, erewhile, was mild, equable and cheerful, has become irritable, changeable, morose or perhaps extravagantly joyous. The loving husband has become harsh and tyrannous, the tender parent has become capriciously cruel to the children once the objects of his intense love, the happy home has been transformed into a den of perpetual misery, strife, recrimination, and, but too frequently, acts of dangerous violence. It is needless to amplify the picture. Materials for the filling up may be found in many an unhappy household. Within the last few days a case has come to my knowledge strikingly illustrative of the fact which I here desire to accentuate. The subject of it was, till within a few months past, an intelligent, industrious, good-living man. In consequence of falling off in business, he became gloomy, taciturn and utterly despondent. He continued in this state for some weeks, but under the kind and judicious care of a devoted and sensible wife, improvement gradually took place, and his former mental composure returned. Meeting with a chance of embarking in a line of business suited to his capacity, and very restorative to his exhausted purse he became very energetic, and as fertile in speech as he before had been reticent. He resided not far from me, and I watched him with solicitude. I feared that he would bear his prosperity no better than he had done his adversity. My fears have been too fully justified. He has recently embarked in a very problematic business enterprise, despite the advice of his wife and all his best friends; his temper has become very irritable and at times ominously violent. His wife and the children, have been forced to leave him. Their religious pastor has approved of the precaution, and after hearing full details, I have advised her not to venture back until a promising change is apparent.

Now, what is the present mental condition of this poor man? So far as his

intellect is concerned, no outsider coming to do business, or to converse with him, detects any flaw or impairment, and I believe it would be impossible for any three medical practitioners undertaking examination of his mental state to find in his conversation, or his deportment towards them, adequate facts to enable them to fill up the first question required to be answered in the statutory certificate of lunacy, which is indispensible to the commitment of a person to asylum custody. Should he commit some capital offence, every judge, jury, or crown prosecutor, that I have yet encountered, would pooh pooh the idea of his insanity; the newspaper reporters would, in due course, have to record of him, *abiit ad plures*. And yet, gentlemen, this man's case is exactly one of that class which Pritchard, Ray, and other illustrious writers have ventured to call *moral insanity*; but woe and abiding ridicule betide the medical witness who might, when pushed by an ardent prosecutor to mention the *class* of insanity in which he would place the case, be so indiscreet as to utter this term! He would be sure to hear the prisoner ordered to be *corded* up, and he would feel inclined to try the experiment on himself as his only escape from the tortures awaiting him at the hands of a few who bid fair for yet passing a satisfactory examination for asylum honours.

It is indeed high time that the obnoxious, death-bearing words should be expunged from the literature of alienism and from the minds of the whole community. It is my belief that the term is as unhappy as it is uncalled for. An extended and close *practical* study of insanity in its every phase and degree, from its earliest inception up to its final culmination, would, I think, convince every careful observer that the line of demarcation drawn by some writers between what they have called moral insanity and unsoundness of the intellect, is often very untraceable, and that lapse of time and intimate observance are all that is necessary for its total obliteration. Of 17 cases of moral insanity recorded by Pritchard, hardly one, I think, will stand the test of critical analysis. They were all more or less dashed with streaks of actual impairment of intellect, or the majority of them ran on into undeniable mental overthrow; one, indeed, turned out to be a case of a form of intellectual wreck, which, at the present day, no asylum physician could fail to recognize as appertaining to the most hopeless and the most salient of all the forms of mental dethronement. I refer to general paresis,—a form of brain disease which would appear to have been but little prevalent, or little known, fifty years ago, but which, in the present day, seems to be making deathly strides, even in our sparsely peopled Province.

Those who throw their aspersions broadcast over the entire speciality of alienism, or as they are pleased to dub these toilers in the service of humanity—the mad doctors—because of their enunciation of facts and opinions which their detractors have never had either the opportunity, the desire, or the courage to investigate, know assuredly but little of the true merits of the subject on which they so confidently pronounce judgment.

I have devoted a good deal of time, and of careful research, to the enquiry as to the present and past expressed opinions of asylum physicians, on the vexed question of moral insanity; and I have found the views which close observance had early constrained me to entertain, so abundantly corroborated by a multitude of able writers and speakers, as to render retrogression from my position a very improbable, if not impracticable, movement.

(*To be continued.*)

Wm. Carden Cousens, of Ottawa, has been elected L.R.C.P. & S.E.D.M.

Selections.

A PHYSICAL EXPLANATION OF DIAPEDESIS.

Dr. D. J. Hamilton read before the Edinburgh Royal Society a paper on the circulation of the blood-corpuscles, illustrated by physical experiments. His views contribute greatly to the formation of a sufficient physical theory of the migration or diapedesis of the blood-cells from the vessels. It is known that the white cells are lighter than the plasma, while the red cells have nearly the same density. The white cells thus flow along the upper wall of the vessel, where they are subject to friction, and are carried slowly along by the slower peripheral current. The red cells move along the axis, exempt from contact with the walls and from friction, and are hurried on by the swifter axial current. Alteration in the density of the plasma might modify or invert this relation, so essential to the circulation; mere hydræmia without any other disorder might thus lead to obstructive vascular disturbance of a serious kind. The so-called passive congestions and inflammations of albuminuric dropsy may have this cause; loss of albumen altering the general density of the plasma. Experiments were shown with a curved tube to illustrate how, when the blood current is slowed, even in stasis, the white cells gather at the periphery of the vessel. A light sphere in a low stream cannot pass the first bend, but lingers at the upper surface. A sphere of the same density as the liquid passes on quite easily. With a quicker stream both spheres are carried on. Thus in a vessel, when as in inflammation the current slows, a filtering action is exerted by the tube upon the white cells, the red cells being carried on. Another experiment was shown to illustrate the way in which the white cells thus gathered in the surface layer of the plasma are driven through the vessel wall. A tube was taken, in which a portion, six inches long and embracing half the circumference, had been replaced by a membrane with pin-point apertures. Pieces of thin gelatine, half an inch square, were introduced, and circulated with the water in the tube. So long as the distal end of the tube was open the water did not exude from the apertures, much less the pieces of gelatine. When the end was obstructed, the current slowed and the pressure raised, fine jets of water issued from the pin-holes; the pieces of gelatine gathered there, and were extruded in great numbers, though they were perhaps thirty to sixty times as large as the apertures. First appeared a budlike process outside; this enlarged, and finally the whole mass pushed through, just as is a leucocyte in diapedesis. The author's conclusions are:—1. The leucocytes in inflammation are driven through the natural apertures in the vessel-wall by the diverted blood-pressure. 2. They are extruded in greater numbers than are the red cells, because in the slowing of the stream they have gathered at the periphery and are applied as it were over the apertures in the vessel wall: the red cells are still circulating freely in the axis of the vessel. If the circulation be suddenly stopped as by a ligature of a vein, the red cells pass through the walls in greater numbers than the white; there has been no time to form a peripheral layer of white cells. 3. The amœboid movements of the white cells may help in their extrusion, they are not the primary factor. Any soft pliable bodies would be similarly extruded. In lipæmia oil-globules pass through the vessel-walls when there is obstruction, and form abscess-like collections of oil outside and around the vessels.—*The Practitioner.*—*American Medical Weekly.*

According to the *Record*, there are in New York 5,000 hospital beds, Dispensaries that treat 200,000 patients yearly, and 2,000 medical students.

Salt Solution in Collapse. — E. Schwartz, (*Berl. Klin. Woch.*) has made some careful observations on the action of a solution of chloride of sodium injected into the veins of dogs from which two-thirds of their blood had been abstracted. The solution should be 0.6 per cent. strong, and the indications for it in men are acute anœmia and collapse of long, severe operations. The following examples are collected:

1. Prof. Beschoff.—For post partum hœmorrhage. Infusion of 1250 grm. Recovery.

2. Küstner.—For collapse from an unfinished operation for carcinoma of the ovary. Infusion of about 1,000 grm. Immediate recovery after the injection. Second, collapse and death.

3. Kocher.—Severe iodoform poisoning after exarticulation of the femur. Collapse. Infusion of 500 grm. Recovery.

4. Kümmell.—Acute anæmia after extirpation of a large hydronephrosis. Infusion of 1000 grm. Immediate revival; but death afterwards from insufficient action of the remaining amyloid kidney.

5. Kümmell. Acute anæmia after resection of the knee in a woman, 61 years. Infusion of 500 grm. used. Recovery.

6. Schwartz.—Great collapse after extirpation of a degenerated cervix uteri. The bleeding excessive. 1000 grm. were injected into the median vein. No radial pulse. Brachial pulse 132; scarcely perceptible. Pupil did not respond. Unconscious. As the solution was gradually being thrown in recovery took place. Death from septic peritonitis. It should be injected slowly, taking about 20 minutes to the operation, and at 39°c.

Dr. Derby says, in the *Record*, that ten grains of quinine, given in the early stages, will prevent an attack of intestinal colic, or, administered at any stage, will speedily effect a cure.

Vesical Calculus in a Newly Born Child.—At four days of age the infant cried when micturating. At times the urine would not pass. By raising the pelvis higher than the head the child was relieved, and the course of the urine re-established. But in a month this little manœuvre failed to give relief. A calculus was found impacted at the middle portion of the urethra. It was extracted by dilatation and lubrication of the urethra. Its weight was 25 centigs., its length 8 mm., width, 4 mm.—composed of urates. The urine contained many crystals of uric acid. The paternal grandparent had been calculous, but not the parents.—*Lyon Méd.*

Epilepsy.—M. Magnan, (*Le Progr. Méd.*) speaking of epilepsy, says, that of all remedies the bromides are the most successful, and of these, potassium bromide. It should be given in solution with some aromatic or bitter vehicle. From 4 to 8 grm. must be given daily, and in severe cases 10 to 12 grm. The treatment must be continued for several years. When the attacks lessen in frequency and severity, the treatment may be intermitted for 5 or 6 days occasionally, and later on for 15 or 20 days. The system should be kept under the control of the remedy for years in this interrupted way If bromide of potassium proves of no use as it sometimes does, then try other bromide, as silver or zinc. There are cases in which the bromides are quite useless. These should be treated with zinc, valerian, and good nerve tonics. When all these fail, much good may follow the constant use of the cold douch. He greatly favours the simultaneous use of a number of agents useful in the disease; and makes the remark that cases which resist the bromides, douching, salts of silver and zinc, when given separately, improve speedily when they are employed at the same time.

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266 students are attending the Toronto General Hospital this session.

THE USE OF THE LIGAMENTUM TERES.—In a paper read before the last meeting of the British Medical Association, and published in the *British Medical Journal*, Mr. Henry Morris, of the Middlesex Hospital, very clearly establishes the fact that "the object of the ligamentum teres is to retain in place, steady and control the head of the fémur during the action of those muscles which flex, adduct and at the same time rotate outwards the lower limb," being thus assistant to the outer half of the ilio-femoral band of the capsule. In man it is not necessary to the perfection of the hip joint.

PERCUSSION.—Dr. Whittaker, in a clinical lecture, recently given at the Samaritan Hospital, and reported in the *Cincinnati Lancet and Clinic*, says:—"Let me here call your attention to one important point. It is not so much the *sound* you rely on in percussion as the impression you feel on your finger, used as a pleximeter when it is being struck with the other hand. Where there is dullness, you feel pain when striking on the finger, which is not felt when there is resonance. The feeling in your struck finger is different when placed against a solid hard substance and upon a hollow, resonating body. For this reason, the fingers are to be preferred to the pleximeter and hammer, as you can judge of the condition of things even when there is too much noise to distinguish the differences in sound."

RHEUMATISM AND THE HEART.—VOHSEN (*Wien. Med. Woch.*) states that of twenty cases of acute articular rheumatism, nine suffered from heart complications. The ages were from 9 yrs. to 14 yrs.

1. In nearly half the cases (9 in 20) there was endocarditis, and, later, well-marked valvular insufficiency.

2. The heart complication begins mostly in the first and second weeks of the disease.

3. While the sodium salicylate has a good effect on the joints, it exerts no control over the heart affection.

4. The mild forms of acute rheumatism especially predispose to heart complication, hence the most careful examination of the heart in mild cases is necessary.

FLOATING KIDNEYS.—Skorczewsky, at a watering-place in Galicia, found 32 females and 3 males with floating kidney, out of 1,030 females and 392 males examined. In 19 the right organ and in 11 the left was affected. In 5 (pluriparæ) both organs floated. S. thinks the affection far more common than supposed, and that physicians overlook its existence. None of the 35 above mentioned were sent on account of the kidneys. The condition depends, he thinks, chiefly upon disappearance of circumrenal fat, atony of tissues from acute fevers, and pressure of hypertrophied abdominal viscera. Co-existence with malarial hypertrophy of spleen was often observed (most commonly in left displacement) and the author strongly recommends examination of kidneys in all malarial affections.—*London Med. Rec.*—*Buffalo Med. and Surg. Journal.*

STRYCHNINE IN DILATATION OF THE HEART.—MARAGLIANO, (*Zeutral für Mediz. Wissen*), in reference to the action of strychnine in dilatation of the heart, says:

1. That from one to two days after ordering the strychnine, the dilatation begins to disappear, and after the lapse of five or six days, severe cases may be recovered from.

2. That if, after a slight reduction in the size of the heart, the strychnine be withheld, the dilatation speedily returns.

3. That, in order to obtain these results, 2 to 3 *M*grm. daily of the sulphate of strychnine are sufficient.

CONVALLARIA MAIALIS.—DR. B. STILLER, (*Wien. Med. Woch.*) gives a report of 21

cases of heart disease treated with convallaria majalis. The period of trial extended from February, 1881, to October, 1882. The examples included almost every variety of cardiac trouble. The results were very unfavourable indeed. After a fair trial of the c. majalis, he had to fall back upon digitalis in every instance.

Diabetes.—Dr. Hugo Eugel, in the *Phil. Med. Times*, outlines a treatment of true diabetes advanced by Dr. Theodor Clemens, of Frankfort-on-the-Main, and which has met with constant success at the hands of the Carlsbad specialists. The treatment consists in attention to the dietary, the exhibition of liquor brom-arsen, and the application of electricity.

The liquor brom-arsen is a solution, in glycerine and water, of the arsenite of bromine, such that two drops of the solution represent the twenty-fourth of a grain of arsenite of bromine. It is not contended that it will cure any case in the last stages, although great benefit has been derived from its use even at advanced periods of the disease. The dose is from one to four drops or more, in a wine-glassful of water, three times a day and immediately after a meal, which should consist largely of meat. The dose must be increased gradually till a decided impression is made upon the percentage of sugar in the urine. It is maintained at this until its effect is lost, and then the dose is increased, and this process continued until the sugar entirely disappears.

The thirst and diuresis is quickly lessened, and at the same time the percentage of sugar is decreased. Diabetics can take large doses continuously without deleterious effects.

Sugar is frequently overlooked, even when sought for, and this on account of decomposition. Dr. Clemens uses a few drops of a solution of thymol 2.0, alcohol 30.0 to preserve the urine. This has no effect upon the reduction and polarisation tests for sugar.

In regard to the diet, Clemens follows Schiff's views, and distinguishes between the liver and brain diabetics. In the former, the percentage is uninfluenced by the presence of hydrocarbons in the diet; in the latter it is favourably acted upon. The diminution of the chlorides in the urine is looked upon as a grave prognostic—in fact pointing to a near and fatal termination.

Inhalation of oxygen developed by electricity is an useful adjuvant; and still more efficacious was found the transmission of sparks and shocks of static electricity through the liver and other parts of the body.

Whooping-Cough.—At the last meeting of the Medical Society of London, Mr. Dolan read an abstract of a paper on the pathology and treatment of whooping-cough, for which he had received the Fothergillian gold medal of this Society. Dealing with some points of pathogeny, he expressed his dissent from the view of Guéneau de Mussy, that the malady was a bronchial adenopathy, its chief symptom being induced by pressure on the vagus by the enlarged glands, and showed that this glandular enlargement was not always present in pertussis; and, further, that the glands may be swollen without producing the characteristic cough. The disease, indeed, bore much resemblance to those diseases the causes of which are now believed to be minute organisms or fungi. Its highly contagious nature, period of incubation, effervescence and defervescence, its regular course, and the immunity from subsequent attacks, were grounds of analogy determining the place of pertussis in the group of diseases caused by protophytic fungi. The attempt by Linnæus to prove that all diseases were produced by animalcula, or had an insect origin, foreshadowed the conclusions now arrived at by the discoveries of Pasteur. In 1867 Poulet found bacteria in the sputa of pertussoid patients, and Letzerich had induced whooping-cough

in rabbits by inoculating the trachea with sputa from the human subject. The author had repeated these experiments, and found that whilst inoculation with the blood of whooping-cough patients was without effect, that of sputa and other secretions caused death. He had found also, on microscopic examination of sputa, ordinary bacteroid forms and a microbe resembling the Spirochæte plicatis of Cohn. The application of special methods of staining, as employed in the detection of the Bacillus tuberculosis would no doubt reveal the special microbe of pertussis. Admitting the fungoid nature of pertussis, its contagious property was easily explained by germs being thrown off into the air and received into the body, setting up constitutional disturbance, and subsequently attacking the pulmonary epithelium, giving rise to all the phenomena of pertussis. No pathognomic lesions could be detected on post-mortem examination, for the simple reason that whooping-cough was rarely fatal. Death resulted from complications which were very numerous. As to glycosuria in whooping-cough, he had found it present in fourteen out of fifty cases. Turning to the question of treatment, he pointed out the necessity for measures of isolation in preventing the spread of the disease, for the enforcement of which measures the cooperation of all classes of the community was needed; and, although the course of the disease could not be controlled by treatment, the patient could be placed in the most favourable circumstances towards recovery; certain painful and prominent sources of trouble could be relieved, and complications guarded against, so as to assist nature in her efforts to throw off the disease. There is no panacea or specific remedy; but if the dependence of whooping-cough upon a specific virus be the true explanation of its pathogeny, the lines on which its rational treatment and prophylaxis are to be pursued become clearer and more hopeful.

Dr. J. A. Wessinger, in the *Detroit Clinic*, draws attention to the poisonous properties of *Nerium Oleander*, a conspicuous conservatory plant and ornamental shrub, and narrates a case of poisoning by it. The symptoms were an extensive eruption on lips, face, hands, neck and ears, beginning as points of deep red colour, then papules, and finally large blebs upon an inflammatory basis, and accompanied by an intolerable itching and burning sensation.

A New Sign of Pregnancy.—Iorisenne, in the *Archives de Tocologie*, points out a new sign of pregnancy which is serviceable even in the first two months of gestation. It is, in his view, based upon the old law of Graves, that in cardiac hypertrophy the radial pulsations remain constant whatever the position of the body. He assumes the existence of this hypertrophy, and states it as a fact, that in the pregnant woman an examination of the radial pulse uniformly gives the same number of beats per minute in the standing, the sitting, and the recumbent postures, whereas, under ordinary circumstances, there is a variance of from ten to twenty beats.—(We have been able to verify this in one case.—Ed.)

Glycerine and Glue.—A German chemist, named Puscher, of Nuremburg, reports that he has met with great success in using glycerine with glue. Generally, after the drying of the glue, the thing to which it is applied is liable to break, tear or spring off; but, if a quantity of glycerine, equal to a quarter of the quantity of the glue, be mixed together, that defect will disappear. He also states that glycerine will blot out pencil marks from paper so as to leave no mark whatever, and a paste made of starch, glycerine and gypsum, will maintain its plasticity and adhesiveness longer than any other cement; and he therefore recommends it for cementing chemical instruments and apparatus used by pharmacists.—*Boston Journal of Chemistry, Louisville Medical News.*

Smartweed as an Emmenagogue.—The *Medical News*, in a recent editorial, directs attention to the emmenagogue properties of the Polygonum Hydropiperoides. As an emmenagogue it is indicated in states of anæmia, functional torpor of the ovaries and uterus due to systemic depression, and is contraindicated in the condition of plethora. Its power to stimulate the uterine circulation renders it useful in menorrhagia, and in metrorrhagia due to relaxation of the uterine vessels. Subinvolution of the passive kind, with a sluggish circulation, cold hands and feet, and general depression, are also benefitted by this remedy. The best form for administration is the fluid extract in 5 to 30 minim doses, mixed with glycerine and wine, 3 or 4 times a day.

Ovariotomy for Fibrous Tumor.—W. Wiedow (*Zentral. für Gynakol.*) gives the results of twenty ovariotomies for fibrous tumors of the uterus. In fifteen recovery took place at the menopause; in one case the menses returned; in another recovery subsequent to enucleation; in one there was temporary improvement and some disappearance of the tumor, but death in nine months from another cause; and in three cases death occurred, in two from the operation, and in one from the disease.

Synthesis of Uric Acid.—It has been announced from Vienna that Dr. Horbaczeuski, in Ludwig's laboratory, has accomplished the synthesis of this substance. This is the first synthesis in physiological chemistry that has ever been made.

The Quantity of Blood in the Body.—Messrs. Ghréant and Quinquaud have determined the volume of blood contained in the system of a live mammal, and find it to be between one-twelfth and one-thirteenth of the body weight.

Dr. A. V. Macan has succeeded Lombe Athill in the Mastership of the Rotunda.

Miscellaneous.

CADAVERIC MOVEMENTS.

The Journal of Medicine and Pharmacy, of Algiers (Sept., 1882), publishes a paper of MM. Puga-Borne and Richard Cannon (of Valparaiso) on the *post mortem* movements of the cadaver of a woman. These movements had, it appears, been the occasion of an inquest and medico-legal inquiry.

The movements that are observed after death are numerous: 1. Microscopic movements, Brownian and vibratile; the first independent of life, the second persisting 30 hours after death. 2. Movements due to the cadaveric rigidity, produced by the hardening of the muscles (flexion of the thumb on the palm of the hand, elevation of the lower jaw.) 3. Movements of the elastic tissues, retraction of the arterial walls, for example. 4. Movements by spontaneous contractions of the muscles of organic life, such as defecation and miction post mortem. 5. Movements of the heart. 6. Movements by spontaneous contraction of the muscles of the life of relation. Such are the muscular palpitations by irritation of the muscular fibres from contact with the air. 7. Spontaneous movements of the limbs in choleraics. The example is well known of the Indian soldiers whose limbs were obliged to be bound after death (*Cholera Gazette*, 1832), and the oft-quoted fact which Brown Séquard witnessed in 1848 at the Hospital Gros Caillou. 8. Movements from direct excitation of the muscular fibres, such as those of the contraction called idio-muscular. 9. Movements from direct excitation of the motor nerves. 10. Movements by direct excitation of the sensitive nerves, such as the reflex movements of the heart, the digestive passages, and secretive ducts.

These movements do not indicate persistence of life, as is vulgarly believed. The kind of death has also a bearing upon the production of these movements of the corpuscular period of life. This fact, not men-

tioned by the physicians of Valparaiso, results from the recent works of Brown Séquard on the properties of the nervous system.—*L'Union Méd.*

Clinical Thermometers.—Dr. Edward R. Squibb published, in the second number of *Ephemeris*, an excellent article on Clinical Thermometers which has not attracted the notice which it deserves. The clinical thermometer has always been supposed to be an instrument of precision, but that this is not so, probably more than one medical man has found to his sorrow, when he has relied upon it in making his diagnosis. No doubt many can remember the time when they have been frightened at the high temperature registered, and have either ceased to put reliance in thermometric diagnosis, or have tested their thermometer and found it one, two, or even three degrees out of the way. A good instrument is very valuable, but, as Dr. Squibb says, a poor one is an abomination and a fraud. It is certainly odd that after so many years they have been in daily use, that, as a rule, physicians have hardly suspected that a thermometer (at least a good-looking one) could testify falsely. Dr. Squibb tells us how to select a trustworthy instrument, and this without regard to its appearance or price, both of which are so deceptive. Errors may arise from imperfect tubes or from careless construction, but the most important source of error lies in the fact that for three years the glass continues to contract, so that the most carefully-made thermometer may soon become useless, unless it has been properly "seasoned" before being graduated. This contraction of the glass continues for about six years, but the error for the last three is so small that it may be neglected. An old instrument, the error of which is known, is of great value, as it may be used to determine the errors in others. On the thickness of the glass will depend the sensitiveness of the thermometer. If the glass is too thick, then it will register too slowly, and time will be lost; if too thin, it will be easily broken. Therefore, test your thermometer, and by experiment determine the shortest time that is required for it to attain its highest reading. This ought to be reached, on the average, in from six to eight minutes. See that the register does not shake down too easily, for many a thermometer has been destroyed by the rough shaking of an easily moving register. Get an instrument which can be read easily. Finally, slowly and carefully heat the thermometer in warm water until the column of mercury is within one or two degrees of the top. If, on cooling, the mercury is pushed down, there is too much air in the tube, and the instrument must be discarded. Do not buy a thermometer unless with it there be a certificate from either the Yale or Kew Observatory, stating the variations from the normal standard. The older the certificate the better. Even after every precaution, it is better to verify the correctness of the thermometer in daily use every few months.—*San Francisco Western Lancet, Cincin. Med. News.*

Physical Diagnosis.—*O. Wendell Homes:* I have often felt, when seeing hospital patients worried by hammering and long listening to their breathing, in order that the physician might map out nicely the diseased territory, the boundaries of which he could not alter, as if it was too much like the indulgence of an idle and worse than an idle curiosity. A confessor may ask too many questions; it may be feared that he has sometimes suggested to innocent young creatures what they would never have thought of otherwise. I even doubt whether it is always worth while to auscult and percuss a suspected patient. Nature is not unkind in concealing the fact of organic disease for a certain time. What is the great secret of the success of every form of quackery? *Hope kept alive.* What is the too fatal gift of science? *A prognosis of*

despair. "Do not probe the wound too curiously," says Samuel Sharp, the famous surgeon of the last century. I believe a wise man sometimes carefully worries out the precise organic condition of a patient's chest, when a very wise man would let it alone and treat the constitutional symptoms. The well-being of a patient may be endangered by the pedantic fooleries of a specialist.—*Michigan Medical News.*

Bromine as a Disinfectant.—In a paper on the above subject, read at the Berlin Apothecaries' Congress, Dr. Franke, of Charlottenburg, called attention to the fact that the difference between disinfection and deodorisation has only recently been appreciated by the general public. It is, however, now known that many inodorous substances are highly dangerous communicators of disease. The researches of Dr. Koch have brought to light the fact that a number of so-called disinfectants which have been employed for many years are quite insufficient preservatives against many kinds of disease-germs. Thus of late the search after new and reliable disinfectants has been actively carried on. Bromine has materially decreased in price since its production on a large scale at Stassfurt has made it an article of commerce, and Dr. Franke claims to have succeeded in obviating the difficulties which its strong corrosive qualities and other circumstances placed in the way of its general adoption. By the employment of organic acid combinations of alkalies he has succeeded in obtaining in a fluid form eight-tenths of the volume of bromine. The evaporation of the bromine is, he states, thereby considerably retarded and a permanent disinfection facilitated. For mere deodorisation a comparatively small quantity of bromine suffices, while for real disinfection a greater bulk is required. Experiments made by the Berlin sanitary officials have resulted in the fact being established that three and a half ounces of bromine could disinfect a space of 918 cubic feet against the most inveterate forms of infection, for removing which sulphurous acid had proved unsuccessful. Other experiments showed that for simple deodorisation one-third of an ounce of bromine, hung up high, is sufficient for a space of 7,000 cubic feet. With reference to the use of bromine in the practice of medicine, he remarked that in a gaseous form bromine could be introduced into parts of the body not accessible to any other corrosive agent. In connection with the corrosive properties of bromine, he stated that petroleum had been accidentally discovered to be a cure for burns caused by bromine in a fluid state. —*London Lancet.*

An Economical Pill.—The everlasting pill was composed of metallic antimony, which was believed to have the property of purging as often as it was swallowed. This was economy in right earnest, for a single pill would serve a whole family during their lives, and might be transmitted as an heirloom to their posterity. We have heard of a lady, who having swallowed one of these pills, became seriously alarmed at its not passing. "Madam," said the physician, "fear not; it has already passed through a hundred patients without any difficulty."—*Paris Pharmacologia.*

Test for the Presence of Iodine in the Body.—Dr. Henry A. Lediard, F.R.C.S., of the Cumberland Infirmary, says (*Brit. Med. Journal*) that calomel dusted on any ulcerated surface in persons taking iodide of potassium gives rise to a yellow tint. Added to the saliva of such persons it also determines a canary yellow colouration. The simultaneous administration of mercury internally does not affect the reaction.

M. Henrot presented a case of myxœdema. The pathogeny of this affection he attributed to hypertrophic lesions of the pituitary body, of the pineal gland, and of the great sympathetic.—*Lyon Méd.*

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JANUARY, 1883.

TANTI NOMINIS UMBRA.

"What's in a name?" A good deal of inconvenience, sometimes, and too many letters. Hence it is that, with the beginning of a new year and volume, and the infusion of new life into our *libellum*, it has seemed to us desirable to assume a more convenient title. Perhaps a mere whim would seem sufficient justification for a change in an unimportant matter; but, as good reasons are forthcoming, they may as well be told. In the first place, then, the similarity of our former name with that of the *Canadian Journal of Science* (Literature and History) has been the constant source of postal irregularities, delays and re-deliveries; secondly, in very numerous instances our contemporaries, in making excerpts from our columns, have omitted to credit them to the proper source, owing, as has been alleged, to the interminability of our name, admittedly too long for convenient citation; and thirdly, because we believe it will be a source of convenience to our readers and correspondents to have a shorter title to refer to or address us by.

Our new issue presents two other departures, to which we may be permitted briefly to refer. The first is the addition of Dr. Nevitt's name to our editorial staff, which, we trust, our subscribers will regard as an earnest of our determination to cover as wide a field as possible in catering to their literary demands, and to spare no effort or labour to make the Journal, in the fullest sense, a compendium of British and Foreign medical science, criticism and news. We have, in the past, from time to time enjoyed the benefit of Dr. Nevitt's collaboration; but, in the future, we shall possess his constant and undivided care and attention. The second new feature is a change of publishers and printers; and, while we admit that we expect great things from the new, it is only just to add that we have no fault to find with—we have nothing but praise and commendation for — the old. The change of printers results simply from the transference of our business department to Mr. Carswell's firm, whose energy, business ability and facilities give us reasons for expecting enhanced pecuniary success for our undertaking. In severing our relations with the *Guardian* office, we experience much regret; and, in giving expression to that sentiment, we desire to convey to Mr. Wilson, the foreman, and his staff, to Mr. Pearson, the binder, and his, our cordial thanks for their good work and successful efforts in our behoof, their unremitting attention and obliging disposition invariably manifested throughout the seven years of our connection with them.

In conclusion, we thank our contributors and subscribers for past assistance and support, and, trusting that the next new thing to be commented on will be a greatly augmented subscription list, we wish one and all, at this auspicious juncture, a happy and prosperous New Year.

Dr. Wm. C. Burke, jr., in the *New England Medical Monthly*, says:—"In the last three or four months of pregnancy, all women suffer discomfort from the distension of the abdominal walls, which I have found greatly relieved by the free use, at least once a day, of some unctuous material, as vaseline or sweet lard, and in many cases the formation of the lineæ albicantes is prevented."

The Post Graduate Schools in New York are said to be succeeding well.

VITAL STATISTICS FOR THE DOMINION.

Most of our readers are aware that the Canada Medical Association has, for the past two or three years, had a special committee at work endeavouring to interest the Dominion Government in the establishment of a system of vital statistics. The efforts of this committee were so far successful, that the Dominion Parliament last season voted $10,000 towards that object. Last September the committee was re-appointed.

In some, as yet unexplained, way, the Montreal City Board of Health and the members of the Canada Medical Association connected with it seem to have stepped into the place of the committee and summoned delegates from various places and bodies in the Lower Provinces and from the City of Toronto. Dr. Canniff, Chairman of the Committee of the Canada Medical Association, having in the meanwhile observed that such a meeting was to take place, summoned the members of the committee to be present.

As a result then of the invitations from these two sources, the following gentlemen assembled in Ottawa on the 6th December:

Halifax.—Drs. Wickwire, Morin, Almon, Farrell, W. H. McCoy, M.P.P., Mayor Fraser and Hon. Dr. Parker.

Charlottetown.—Dr. Conroy.

St. John, N. B.—Drs. Botsford, Harding, Daniel and Bayard.

Fergus.—Dr. G. Orton, M.P.

Londonderry.—Dr. Macdonald.

Montreal.—Col. A. A. Stevenson, Ald. J. H. Mooney, F. N. Boxer, C. E. J. W. Beaudry, C.E., Ald. Fairbairn, Drs. Hingston, Howard, Larocque, Campbell and Mount.

Quebec.—Mayor F. Langlier, Dr. R. F. Rinfret, Dr. N. E. Dionne and Dr. Roy.

Toronto.—Ald. Taylor and Drs. Oldright, Canniff, G. Wright and Playter.

Ottawa.—Dr. P. St. Jean, Mayor; Drs. J. A. Grant, John Sweetland, S. Wright, Henry Wright, H. Hill, H. B. Small, F. X. Valade, A. Robillard (Health Officer), R. Mark and A. J. Horsey.

In the afternoon, a meeting was held at the Russell House. Ald. Mooney, of Montreal, was called to the Chair, and the following resolutions were adopted:—

Resolved, That, in the opinion of this meeting, in order the better to prevent disease and preserve human life, it is advisable that the Dominion Government should organize and sustain a uniform system of vital statistics for the Dominion.

Resolved, That, as immediate action is necessary, the Federal Government be invited to initiate at once a system of vital statistics where organized local boards of health are established, so that the statistical information may be utilized by these bodies.

Resolved, That, as Provincial legislative action is necessary, it is suggested to the Federal Government that it communicate with and secure the co-operation of the Provincial Governments to pass such legislation as will harmonize with and obtain the object of the preceding resolutions.

In the evening, the Hon. Mr. Pope entertained the delegates at a dinner at the Russell House.

An adjourned session was afterwards held and the following resolution adopted:

Resolved, That it is desirable that a Central Bureau of Vital Statistics be established, and if found to be within the province of the Federal Government a comprehensive system of health returns.

On the following morning, 7th December, the delegation met at the Russell House and proceeded to the Parliament Buildings, where they were met by Sir Charles Tupper. Dr. Taché, Deputy Minister of Agriculture, was also present. Dr. Parker made a few remarks, stating that the delegation appointed to wait upon the Minister of Agriculture would be glad of the advice and assistance of Sir Charles. The resolutions were then read to the latter gentleman by the Chairman, Ald. Mooney.

Sir Charles Tupper thought them very

good, but suggested that they might have gone one step further, and have advised an amendment to the British North America Act, whereby the Dominion Government might take up matters connected with public health.

The question was asked whether, at present, questions of public health in connection with immigrant inspection, the sanitary conduct of factories, the adulteration of food, and other like matters, could not be taken up by the Dominion. Sir Charles replied that they could, but that the bulk of health matters affected civil rights, which, by the Act, was left to the Provincial Legislatures.

On the retirement of Sir Charles, the following resolution was moved by Dr. Campbell and carried :—

Resolved, that, inasmuch as it appears by the British North America Act matters of public health are relegated to the Local Governments, this delegation has not included it with the subject of vital statistics; nevertheless, they are of opinion that it would have been better had it been placed under the direction of the Federal Government, and beg to suggest that an effort be made to obtain an amendment to the constitution in that direction.

Dr. Oldright pointed out that the Local Governments and the Municipalities were so intimately connected in such questions as drainage, reclaiming of marshes, water works, etc., that it was admitted on all hands that the Provincial Governments must deal with them, and that it would be well that this co-operation in matters of public health should not appear to have been overlooked in the resolution.

At this moment, the Hon. the Minister of Agriculture entered, accompanied by Sir Charles Tupper and Hon. Mr. Caron.

Ald. Mooney then called upon the Secretary, Dr. Farrell, to read the resolution.

Sir Charles Tupper made a few remarks in support of the resolutions, but added that there would have to be co-operation by the Provincial Governments.

Hon. Mr. Pope replied favourably, that the subject was an important one, and that the Government would have to act carefully, but would give the matter its best attention.

Hon. Mr. Caron also addressed the meeting, and bespoke for this important matter the careful attention of the Minister of Agriculture.

The latter gentleman, in response to a vote of thanks, said it was he who had to thank gentlemen who came such a distance to advise on the matter.

At one o'clock, many of the gentlemen met again at the Russell House, to carry out a suggestion of Mr. F. Boxer, C.E., for the formation of a sanitary association.

Dr. Taché attended and read the sketch of a plan which had met with the approval of the Minister, and which provided that the collection of vital statistics should be commenced immediately, and should at first be limited to the capitals of the various Provinces and all cities having a population of more than 25,000, on condition that those various places should have regularly organized local boards of health and a medical health officer. The legislative grant to be apportioned out, each such city receiving a certain amount, according to population; one-fourth of such amount to supplement the salary of the health officer.

Ald. Mooney was obliged to leave for home, and Dr. Playter offered to relieve him of his duties as chairman. Ald. Mooney accepted the offer, and put it to the meeting, which also accepted it. The meeting then adjourned to a later hour, when those who were present formed themselves into a provisional committee, and instructed the chairman and secretary to draw up a constitution.

In the evening, the remaining delegates took their departure.

Dr. J. Burdon Sanderson, F.R.S., has been elected to the Waynflete Professorship of Physiology at Oxford.

ANNUAL DINNER, McGILL MEDICAL SCHOOL.

The students of this institution held their annual dinner at the Windsor Hotel, on Monday evening, December 19th, about one hundred and fifty being present. Among the guests were Principal Dawson, Drs. Lavell and Sullivan, of Kingston; Prof. Bovey, Mayor Beaudry, C. J. Coursel, M.P., Rev. Principal McVicar, G. W. Stephens, M.P.P., J. J. Curran, Q.C., M.P., the members of the Faculty, and several other gentlemen. Mr. Cameron acted as chairman, while Messrs. Johnson, Wishart and Darey occupied vice-chairs.

After the usual patriotic toasts, and one to the President of the United States, Mr. W. G. Johnson proposed the "Alma Mater."

Prin. Dawson, who responded, expressed the hope that their Alma Mater would always continue to do all she could for her children, and that the undergraduates would strive to assist her in maintaining the reputation of old McGill. He referred to the late Dean of the Medical Faculty, Dr. Geo. W. Campbell, who, he said, set an example which the students should all follow, if they wished to become upright and successful men; and, if this were done, they would do honour to their Alma Mater, and McGill would have no reason to feel ashamed of either her students or graduates.

The chairman then proposed "The Dean and Professors."

Dr. Scott, in responding, said he had been connected 43 years with the McGill University, and had been engaged as a teacher in the Medical Faculty for 38 years. To show the progress which the Medical Faculty had made, he said that at the organization of the Faculty there were 13 students, and this year they had 187. He concluded by thanking them for the hearty manner in which they had received the toast.

Drs. Lavell and Sullivan, in responding to the "Sister Institutions," were very cordially received. The latter gave some explanations of the recent troubles with the students at Kingston, and at the same time referred to the honourable and upright manner in which the Medical Faculty of McGill University had acted throughout the whole matter. He was sure that they would reap their reward for their action, and it was mainly for the purpose of showing their appreciation of their services that he and his friend Dr. Lavell had come down to this gathering. Dr. F. W. Campbell, Dean of Bishop's College, also responded.

Many other toasts were proposed and responded to, including the "Montreal General Hospital," "Our Guests," "The Class of '83," "The Freshman," "The Ladies," and "The Press."

After spending a most enjoyable evening, the assembly dispersed after singing "God save the Queen."

STUDENTS' COMPLAINTS AT McGILL.

The students of the first and second years in McGill Medical College, Montreal, are much exercised about the lectures they receive in Materia Medica from Prof. Wright. They consider that the subject is not treated in a way to be of any practical use to them, and, while such is the case, they unfortunately have to wade through his dry and useless details in preparing themselves for examinations, as the lecturer examines in this subject, and his questions can only be answered from notes taken from his lectures. At a meeting held before the holidays, a petition was sent to the Faculty asking for a change. In justice to the students, it may be said, that such complaints are by no means new.

We learn from the *Canada Baptist* that "a very practical and highly appreciated lecture upon the Preservation of Health was delivered to the students of McMaster Hall, on the 1st of December, by H. E. Buchan, M.A., M.D. We commend Dr. Buchan's example to the imitation of others.

PROVINCIAL BOARD OF HEALTH.

The regular quarterly meeting of the Board was held in the Parliament Buildings, on the 30th Nov. and 1st and 2nd of December. The members present were Dr. Oldright (President), Drs. J. J. Cassidy, C. W. Covernton, P. H. Bryce (Secretary), Rae (Oshawa), Yeomans (Mt. Forest), and Prof. Galbraith. Amongst the most important business transacted may be mentioned the reportof the Committee on Legislation, suggesting the compulsion of all Municipal Councils to appoint a local board of health and health officer, and the general application of the vaccination laws, instead of to cities only. In committee of the whole, other clauses were added, prohibiting the use of conveyances by infected persons without notice, the sale of infected bedding or clothing previous to disinfection, the use of infected vehicles or tenements without disinfection under the supervision of the Local Board, and a clause abolishing the proclamation in epidemics, and vesting full repressive powers in the hands of the Provincial Board. An amendment of the Public Health Act of 1882 was also introduced, to the effect that the chairman and secretary (the chief health officer), should be appointed by the Lieut.-Governor, at an annual salary to be from time to time determined, and that the other members of the Board, when attending the Board or its committees, should receive a *per diem* allowance. On motion of Dr. Oldright, it was decided to ask the Legislature to give the Board power to order an examination of the water supply in any municipality, to regulate the construction, cleansing, and closing of wells. Also, to prohibit the transfer of any dead body from any municipality without a certificate from the Division Registrar that the particulars of such person's death have been registered with him. Prof. Galbraith was added to the Committee on Sewerage and Water Supply, and he and Dr. Oldright were authorized to issue a circular to municipalities touching these subjects. The report on the causes of malaria in Madoc and other places was discussed and adopted. Dr. Cassidy presented his report on the recent outbreak of typhoid fever in Stratford, referring it to contamination of the water supply by sewage. Dr. Covernton presented a most interesting and instructive report, as delegate to the International Medical Congress at Geneva, and in it adduced very cogent proof of the value of compulsory notification of infectious diseases by the practitioner. The report of the Special Committee appointed to enquire into the details and modes of working of the Boards of Health of Boston, New York and Albany was read, discussed and adopted. Drs. Yeomans and Cassidy were appointed to confer with the Minister of Education respecting the provision of a text book of hygiene for schools. Dr. Bryce read the report of the committes appointed to investigate the causes of the outbreak of typhoid fever at Lambton Mills, referring it to uncovered privy pits, washings from contaminated linen,and slaughter houses. Dr. Cassidy introduced a resolution to prohibit the immediate slaughter of animals after long transits, and to provide for the establishment of licensed slaughter houses in all large cities. Also, to procure the periodical inspection of dairies, with a view to the prevention of the spread of infection by milk. After passing votes of thanks for information supplied from various sources, the Board adjourned.

The Garfield Board of Audit have granted the following sums in payment of the fees of the physicians who attended the late President : Dr. Bliss, $6,500 ; Dr. Agnew and Dr. Hamilton, $5,000 each ; Drs. Reyburn and Boynton, $4,000 each ; Dr. Susan Edson, $3,000.

A doctor is a *piller* of Society. His enemies say, that he can kill with *powder* without shot, and that his *drops* are almost as dangerous as the hangman's.—*Grip.*

THE RECENT "DIFFICULTY" AT THE KINGSTON MEDICAL SCHOOL.

The unfortunate events which recently occurred in connection with this Medical Institution created much interest among both the profession and the laity. The Faculty of the School decided, some time ago, to organize a course for females, intending originally to give an entirely separate set of lectures. This plan was changed, however, and the time-table so arranged that both males and females attended the same lectures. With few exceptions, the course was smooth, until early in December, when the females took exception to the conduct of the males at one of the lectures. The lecturer on physiology, while treating of the larynx, mentioned the fact that, in former times, it was the custom in Italy to perform castration on young boys who were good singers, in order to preserve their voices from the changes which take place at puberty. This was received with laughter and applause from some of the males, which was not checked by the lecturer. On the contrary, the latter went on to dilate on the subject, and made references to this operation on the lower animals, which were received with cheers and stamping, the males at the same time looking directly towards the seven females present. The latter then left the room in a body, and made a complaint to the Faculty, the gist of their complaint being, not the subject matter of the lecture, but the manner of the delivery on the part of the Professor, and the way it was received by the male students. The learned Professor, we are told, "felt grieved at the proceedings," and considered the action of the complainants an insult to himself. He declared that everything said to the students should be known to them "in the interests of science." The male students, who considered they had derived great benefits from the *scientific remarks* of the lecturer on the important subject of castration of little boys and the lower animals in connection with the physiology of the larynx, sympathized with their injured Professor, held an indignation meeting, and sent a memorial to the Faculty which was offensive in tone, and was concluded with the following words: "We have, therefore, resolved, that if the females are allowed to attend our classes after Christmas, or to have any connection with this College after this session, we will be compelled, much against our will, to go elsewhere next session." This was signed by 54 students.

The Faculty returned this memorial "as not being respectful," and at the same time intimated that they had not yet decided to give the government of the college into the hands of the students. Excitement ran very high, numerous meetings were held, and pledges of mutual fidelity, long and loud, were interchanged *ad infinitum*. Negotiations were opened with various medical schools. In the midst of the excitement, a proposal came from the Faculty of the Trinity School of Medicine in Toronto which filled the hearts of the students with delight, while, at the same time, it caused amazement alike in the minds of the Kingston Medical Faculty, the profession, and the public. The offer was as follows: Trinity School would take the seven who had paid their fees at Kingston, without any charge, and the remaining fifty, who had paid nothing at Kingston, for half the ordinary yearly fees.

This astounding offer, made at such a time, of course made the recalcitrant students masters of the situation, and they at once sent their ultimatum to the Faculty, demanding, not only separate lectures and examinations, but also that the females, at present attending, should not be allowed to do so after Christmas, but should wait until the summer. The Faculty being unable to accede to all these demands, a deadlock ensued, and a deputation of the citi-

zens of Kingston, composed of the present Mayor and three ex-Mayors, waited on both parties, and succeeded in arranging a compromise, by which the Faculty promised to give the female students separate lectures, as well as a separate examination, and the males agreed to go on with the regular course.

THE STUDENTS' VICTORY.

The Kingston contest is at an end, and we have to acknowledge that the male students, with the substantial assistance given by the Faculty of a rival School, have achieved a signal victory. We regret exceedingly the methods they have chosen to accomplish their ends. The unseemly levity which they displayed on the enunciation of ordidinary physiological facts was, under the circumstances, not only uncalled for, but even exceeded the bounds of ordinary decency. While we feel compelled to censure the students, we cannot help thinking that the learned exemplifier of physiological castration might have checked the first signs of such conduct in his audience, if he had been so disposed; in fact, we fear, he did not even make the attempt.

Whether the students will derive great satisfaction from their victory, we know not. Let us see what they have accomplished. The results will affect the female students but little, as they will receive their regular course of lectures in due time; but the members of an already hard-worked Faculty will feel the blow most seriously, as their work will be doubled in giving two courses instead of one.

It is a most unfortunate circumstance at the present juncture, when so much is being said and written against students in general, which is both uncharitable and unjust, that the Kingston medical undergraduates should have pursued a course which has been almost universally condemned by all classes in the community. We hope the medical students in all our schools will consider the question in all its bearings, and learn the lesson which is so clearly indicated. If difficulties arise, or if they have grievances of any kind whatever, let them carefully consider the questions which may arise, and if they have any requests to make let them do so to the authorities that be, in a respectful manner. If they act in this way, they may rest assured that they will always find friends who will render them all the assistance they possibly can; and if they are temperate, dignified, and just in their demands, they are likely to receive all the consideration they are fairly entitled to.

A SUMMER SESSION.

We are glad to know a Summer Session is to be established in Toronto this year. The Toronto School has taken the initiative and made all arrangements for giving a course of lectures, which will commence on or about the 24th of April, and continue until the end of the first week in July. The following will be among the subjects treated:—Diseases of the Digestive Organs, Nervous Diseases, Diseases of Women, Joint Diseases, Orthopoedic Surgery, Plastic Surgery, Tumours, Diseases of Children, Prescribing, Psychology, Physiological Chemistry, Practical Chemistry, Botany, and Pathology.

Special attention will be given to clinical work in the General Hospital. It is expected that the Trinity School will also organize a Summer Session, and the timetable for clinical lectures and bedside instructions will be so arranged that all the students attending the Hospital will have the opportunity of receiving practical clinical instructions from the lectures in both schools. With the largest and best ordered Hospital in Canada at their disposal, and a double staff of teachers to make use of the large amount of material at hand, we can have no doubt as to the success of the undertakings, and we hope the students will fully appreciate the great advantages offered to them at the almost nominal sum of twenty dollars for the course.

SISTER SCHOOLS.

The attempt on the part of the Trinity Medical School in Toronto to make capital out of the misfortunes of a rival School at Kingston, was one of the most remarkable and indefensible acts which occurred in the recent troubles. The offer of the former to accept some of the students of the latter free of charge, and others who had not paid anything for the half course, received for half the ordinary sessional fee, while negotiations for the settlement of their difficulties were still in progress, was such a transparent effort to completely destroy a sister institution that no amount of casuistry or sophistry will explain it away. All lovers of fair play and ordinary straightforward dealing have united in characterizing such conduct as ungenerous and disreputable in the highest degree.

While the members of the Faculty were struggling under difficulties which threatened utter destruction to their college, they very naturally expected to receive the sympathy at least of those institutions with which they were on friendly terms of relationship; and, with the exception mentioned, we believe it was accorded to them. We are also certain that the graduates and many friends of this school, which has done such excellent work in the past, were heartily sorry for the troubles which arose, and just as heartiily glad when a settlement was effected. We hope the able and deserving men composing the teaching staff will be enabled to perform the double work imposed upon them, and that their teaching in the future will be as efficient as it has been in the past.

AN OLD EPIGRAM.

"Chirurgus medico quo distat?—scilicet isti;
Enecat hic succis, enecat ille manu.
Carnifice hoc ambo tantum diferre videntur
Tardius hi faciunt, quod fecit ille cito."

Distinct the doctor from the surgeon stands—
One slays with drugs, the other slays with hands;
Of both the only difference from Jack Ketch is,
They slowly do what he at once despatches.

THE ONTARIO MEDICAL COUNCIL AND THE MEDICAL SCHOOLS.

While discussing the Kingston troubles we have to consider the action which the Council would be likely to take when the students presented themselves for examination. The Council requires certificates of attendance at 75 per cent. of the lectures delivered in each session. If the authorities of the Trinity Medical School had succeeded in capturing the Kingston students they would have been in a position simply to certify attendance at half a course of lectures. It is not likely, nor do we see how the Council could have accepted such certificates. A refusal to do so would have placed the students in a very awkward position. While we have before us such a striking example of the methods which a school may adopt to add to its numbers, we must consider it a matter of congratulation that we have a central Examining Board which is in a position to deal justly with all questions which may arise between the various medical colleges in the country.

TRINITY MEDICAL SCHOOL.

We are authorized by the Dean of this School to say that, when the offers were made to the Kingston Medical Students, his Faculty thought the latter had entirely withdrawn from their School; but we have not heard why the Trinity Faculty decided to give credit for lectures delivered by lecturers who refused to give certificates for the same, without waiting twenty-four hours to enquire as to reasons for such refusal. How was it that less consideration was shown to the Faculty than the Students? Probably all will acknowledge that there was undue haste displayed, and some will persist in assigning certain causes for such haste.

We have much pleasure in announcing the re-election of Mr. Wm. Mulock, M.A., to the Vice-Chancellorship of the University.

UNIVERSITY OF TORONTO—EXAMINERS IN MEDICINE, 1883.

At a meeting of the Senate, on the 22nd December, the following appointments were made:—Physiology and Pathology, Geo. Wilkins, M.D.; Medicine and Therapeutics, F. R. Eccles, M.D.; Midwifery and Forensic Medicine, D. B. Fraser, M.B.; Anatomy, M. H. Aikins, B.A., M.B.; Surgery and Surgical Anatomy, F. Le M. Grasett, M.B.; Clinical Medicine and Surgery, C. O'Reilly, M.D.; Hygiene and Medical Psychology, C. W. Covernton, M.D.; Chemistry, W. H. Ellis, M.A., M.B.; Biology, H. Montgomery, M.A., B. Sc. Dr. McFarlane gave notice of motion to introduce a statute, making certain alterations in the Medical Curriculum. At the last meeting it was decided not to require, in future, the thesis for M.D. to be written in the Examination Hall.

THE CO-EDUCATION OF THE SEXES.

We have neither the space nor the inclination to enter into the discussion of this question at the present time, but the *vexations and tribulations* of the Faculty of the Kingston Medical School have shown that the trial of such a system in that Institution has proved a disastrous failure. Some friends of the system consider that it has not had a fair trial; but, be that as it may, it is extremely unlikely that it will get any further trials in Kingston for some time to come. It has been tried, on a small scale, in one of the Toronto Schools, and has proved so unsatisfactory that, we understand, it has been decided not to admit any female students in the future. Whatever our opinions may be on the subject, however, we certainly sympathize deeply with the females of the Kingston School, who have not been treated with that courtesy and respect which is always due to those of the *gentler* sex.

VARSITY.—Mr. W. H. Blake will act as editor in the place of Mr. F. C. Wade, resigned.

TORONTO SCHOOL OF MEDICINE MEDICAL SOCIETY.

This Society has held regular fortnightly meetings during the first half of the session, which were well attended by students and graduates. Interesting papers have been read by various members—among the contributors being Mr. Ferguson, Mr. W. H. Carlton, Mr. J. Stewart, B.A., and Mr. R. Hearn.

The Library and Reading Room belonging to the Society is well stocked, and has been highly appreciated by the members. At the last meeting, the President announced that a hundred dollars worth of books were to be added to the Library during the holidays.

GOVERNMENT PROTECTION NEEDED.—Under this caption, Dr. Henry B. Baker, Sec. Board of Health of Michigan, publishes a letter in the *Lansing Republican*, making a powerful appeal to Congress for an appropriation for the continuance of the immigrant inspection service, now partially sustained by the National Board of Health.

PORRO'S OPERATION.—Dr. Clement Godson, of St. Bart.'s Hospital, performed Porro's operation on a dwarf, aged 24, for pelvic distortion. The mother was 52 inches high; the child 20, 9½ lbs. in weight. The operation was completed in less than one hour. The highest temperature recorded was 99.4°; maximum pulse 80. Up to last accounts (Dec. 9th), both mother and babe were doing well.

THE SMOKE TEST FOR DRAINS.—This test is being much used in both England and Scotland, and is very satisfactory. It is applied by a small machine with powerful fanners, which blow the smoke of ignited cotton waste, saturated with oil, into the drainage system, and in due time the smoke issues from all defective points and imperfect traps, showing clearly where the fault lies.

PERSONAL.

The late Mr. Daniel J. Greenshields, of Montreal, left by will $40,000 each to McGill University and the Montreal Hospital.

Dr. James Ross, jr., was married to Miss Gooderham on Thursday, December 14th. The happy couple left the same day for California, where they expect to spend the winter.

With Mr. Mosely, pledged to revive the teaching of human anatomy, Prof. Sanderson for physiology, and the reversion of the Lichfield trust once more into medical channels, the lost school of medicine in Oxford bids fair to be restored.

Prof. Wm. Pirrie, M.D., L.L.D., F.R.C.S., Edin., late Professor of Surgery in the University of Aberdeen, whose resignation, after a connection of 50 years, we lately had occasion to record, died from septicæmia, the result of prostatic abscess, on 21st Nov., aged 74. He will chiefly be remembered as a teacher, and by his work on the Principle and Practice of Surgery. He is said to have had the largest practice and income north of Edinburgh.

Well Deserved Recognition of a Physician's Services.—An address, handsome silver tea service and a purse of $450 in gold were presented to Dr. John Coventry, Mayor of Windsor during the last three years, Dec. 28th, in recognition of his private worth, and public services, especially during the summer, when he abandoned his large professional practice for a number of weeks during the prevalence of small pox, for the purpose of devoting his whole time to his duties as chairman of the Board of Health in combatting that disease.

OBITUARY.

Dr. R. H. Russell, of Quebec, brother of Dr. J. P. Russell, of Toronto, died 7th December, at the age of 63.

Obernier of Bonn died on the 26th Oct., aged 48. He was best known to English readers as the author of the section on Diseases of the Brain, in *Ziemssen's Handbuch*.

Dr. Milne, of Claremont, died from intestinal hemorrhage, from rather obscure causes. He was formerly a student in the Toronto School of Medicine, where he met with the same success that characterized his after efforts in practice.

Dr. McGregor died in Winnipeg, December 3rd, from congestion of the lungs. He graduated in McGill in 1861, and practised for a number of years in Chatsworth, Co. Grey, where he was well known, and very popular. In April last he went to Winnipeg, and almost at once his practice became large. He remained there up to the time of his illness, which is said to have lasted only fifteen hours.

Dr. James A. Sinclair, who died at the early age of 30, was a sample of our best type of young Canadian practitioners. He was possessed of good abilities, always industrious, and was most faithful and attentive to his duties in practice. He studied in the Trinity Medical School, and graduated in 1877, after which he commenced practising in Hastings, being very successful, until about one year ago, when his health failed, and he was obliged to give up work. During the last few months, he lived at the residence of his father in Colborne, where he died, December 21st.

The Discovery of Trichina.—From the late Mr. Gulliver's *Autobiography*, it appears that to Dr. Arthur Farre is due "the original and true description of the trichina spiralis, and its claim to a higher organization than had been allowed for it by Prof. Owen." Hitherto, on the authority of Mr. Wormald and Prof. Quekett, Page has always got credit for this discovery.

Book Notices.

Menstrual Amblyopia. By M. F. Coomes, M.D. (Reprint from *Medical Herald.*)

Weekly Bulletins of the Provincial Board of Health. By P. H. Bryce, M.A., M.D., Secretary.

Allen's Atlas of Anatomy. The publishers of this excellent work on anatomy, the first two parts of which were reviewed in our December issue, are, we omitted to state, Messrs. Henry C. Lea's Sons & Co., of Philadelphia.

Weekly Reports of Health in Michigan for Nov. and Dec., Weekly Meteorological Reports from Lansing, Mich., and Reports of Deaths in the City of Lansing, for Nov. By Henry B. Baker, M.D., Sec. Board of Health.

Some Thoughts on Phthisis, with special reference to the Value of Laryngeal Symptoms in Diagnosis. By M. T. Coomes, M.D. Louisville, Ky. (Reprint from *Archives of Laryngology.*

The New York Medical Journal.

The first weekly issue of this journal has come to hand, and presents a very creditable appearance. It contains the first of Dr. W. B. Carpenter's Lectures on Human Automatism, five original communications on Carbolic Acid and Antiseptic Surgery, by such names as Willard Parker, H. B. Sands, Robt. F. Weir, I. Williston Wright, and W. T. Bull, a case of Osteoma of the Conjunctiva, by E. G. Loring, a letter from Boston, book notices, editorials, reports of societies, reports on progress of medicine, new inventions, etc.

The Medical Record Visiting List for 1883. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This is one of the best we have seen, of good shape and size, well bound, and very conveniently arranged.

Vick's Floral Guide, 1883. James Vick, Rochester, N. Y.

Although the founder of *Vick's Floral Guide* has walked the way of nature, and now rests beneath the flowers whose cultivation so fully occupied his life's attention and gladdened his living spirit, as well as recompensed his labours, yet through the filial care of his four sons, the *Guide* survives, and in its ever increasing beauty keeps green his memory. Apart from the valuable information with regard to plants and vegetables which it contains, the *Guide* is so artistically issued that, in the profusion of its well executed illustrations, it is indeed "a thing of beauty" and perennial joy.

The Popular Science Monthly. D. Appleton & Co., 1, 3 & 5 Bond St., New York.

This excellent periodical, so well fitted for the physician's recreation and his family's instruction, and a valuable addition to his office table, commences the new year with an admirable number. The topics most likely to gratify professional interest are:—The Great Comet of 1882, by Prof. C. A. Young; Scientific Philanthropy, by Alfred Fouillée; Traces of a Pre-Indian People, by C. C. Abbott, M.D.; Bodily Deformities in Girlhood, by C. Roberts, F.R.C.S.; Curiosities of Superstition, by Felix Oswald, M.D.; The Gospel of Recreation, by Herbert Spencer; The Influence of General Education on Observation; Sketch of Prof. Henry Draper, M.D. An equal number of other articles of general interest is also to be found in it.

Annual Report of the National Board of Health (U. S.) for the year 1882.

Although, through the niggard parsimony and mistaken economy of Congress, in cutting down the appropriation in its behoof, the National Board of Health is not able, in this its 4th Report, to show the same amount of good work done in the cause of

public health as in former years, yet it may well be proud of what, in the face of adverse circumstances, it has accomplished. The Report concludes with an able refutation of the absurd and groundless charges made against it; and we sincerely trust that Congress will this year have the wisdom not only to undo the folly of the past, but will also bring forth fruits meet for repentance, and greatly amplify the capacity of the National Board of Health in its life-saving, health-preserving, and, hence, money-saving mission.

Analysis of Eight Thousand Cases of Skin Diseases. By L. Duncan Bulkley, A.M., M.D. (Reprinted from the *Archives of Dermatology.* New York: G. P. Putnam's Sons, 27 and 29 West 23rd St.

The Pharmacopœia of the United States of America. Sixth Decennial Revision. By authority of the National Convention for revising the Pharmacopœia, held at Washington, A.D. 1880. New York: Wm. Wood & Co., 1882.

There are considerable differences between this and the former editions of the *Pharmacopœia.* In the working formulæ the introduction of parts by weight, and the use of a quasi decimal system are the chief changes.

The strength of the opium preparations has been changed so as to present a uniformity, all having the opium in a ratio of ten to one. Thus the acetum and the vinum have been lowered, and the tinctura and tinctura deodorata raised to the conventional standard.

A new set of preparations, termed abstracta, have been inserted. They are concentrated powdered extracts, made up with sugar of milk, and are about twice the strength of the crude drug and of the fluid extracts. In Dover's powder the potassium sulphate is replaced by sugar of milk.

A series of tables is appended to the volume, giving much necessary and useful information.

The type is remarkably clear; the paper and binding all that could be desired.

MISCELLANEOUS.

The late serious illness of Mr. Fawcett, Postmaster General of England, has been due to a combination of diphtheria and typhoid fever, a coincidence so rare that Murchison, in his vast experience, met with it but once. The distinguished patient has been under the care of Dr. Andrew Clark.

The *Canada Medical and Surgical Journal* of Montreal, in noting the proposal to establish a Hospital Medical School in Toronto, asks the question—Where is the Faculty of Medicine of Toronto University? As an answer to that question, we would refer our contemporary to the C. S. U. C., c. 62, ss. 46 *et seq.*

Feline Test for Defective Sewer Pipes.—Cats have a great fondness for the odour of valerian. So an ingenious Boston woman, suspecting some defective pipes, borrowed two cats and shut them up in the suspected room; then, having purchased some oil of valerian, poured it into the highest basin in the house, and proceeded down stairs to watch the result. She was gratified to find both manifesting a preference for a certain spot in a closet near which a waste pipe ran; and here, on further inspection, a complete separation of the pipe was discovered.

Separation of the Epiphysis of the Clavicle by Muscular Action.—At the Clinical Society, of London, lately, Mr. Christopher Heath brought forward a case of this kind. It occurred in a boy, aged 14, whilst raising his arm violently to bowl at cricket. The inner end of the clavicle was unduly prominent, presenting a sharp edge. The supra sternal notch was distinct, and a thin lamella was felt between it and the gap on the right side. Reduction was accomplished by laying the patient down, and retention secured by means of a plaster of paris bandage. Mr. Heath took occasion to insist strongly on the great utility of the plaster bandage in fractures of the clavicle and humerus.

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TORONTO, FEBRUARY, 1883.

Original Communications.

MORAL INSANITY—WHAT IS IT?

Read at a meeting of Toronto Med. Soc., Dec. 14, 1882.)

BY J. WORKMAN, M.D., TORONTO.
(Late Superintendent of Toronto Asylum for Insane, etc.)

(*Concluded.*)

In a very valuable work on the subject of moral insanity, published in 1878, by Dr. Bonfigli, of Ferrara, a concise review of the declared opinions of 46 eminent alienistic writers on this subject, is presented. These authorities may be divided as follows:—

7, terminating with the epoch of Pritchard, uphold the doctrine of absolute, or pure and distinct, moral insanity; of these 3 were French, 3 German, and 1 English.

17 admit the term conditionally; that is to say, they recognize moral insanity as a conventional or convenient, but not as a distinct or pure form of mental disease. They hold that it is always associated with some degree of intellectual infirmity, or that it is the forerunner of insanity of the intellect. Of these 17, 7 are French, 6 German, 3 Italian, and 1 English.

22 absolutely, or impliedly, reject the doctrine *in toto*. Of these 9 are German, 7 are French, 5 are Italian, and 1 is American.

Had Dr. Bonfigli been more largely versed in the literature of English and American alienism, he could have much augmented the numbers assigned to the latter two countries; and, undoubtedly, the classes of conditional advocates and of utter repudiators would have had almost exclusive admission to his catalogue. He, however, introduces into his book a brief report of a discussion on moral insanity, which took place at the Annual Convention of Medical Superintendents of Asylums in New York, in the year 1863. I had the pleasure of being present and of taking part in this discussion, which was conducted in the most courteous and frank manner. Dr. McFarland gave it as his conviction that, "in all the cases of the so-called moral insanity, a real intellectual disorder was present." He was followed by the other members in rotation, including the distinguished and very long experienced Dr. Kirkbride, the President of the Association, and the veritable Nestor of the fraternity,—numbering in all present some 40 representatives of the United States and Canadian Asylums. Of all this assemblage only two or three declared their belief in the actuality of moral insanity, and even these declined to define it as a distinct and independent form of the disease. Dr. Gray, Superintendent of the New York State Asylum at Utica, said that in 5,000 cases of lunacy which had passed under his observance, he had not met with one of pure and distinct moral insanity. Dr. Chipley said he had not found one in 1,800 watched by him, and I made a similar statement as to 2,000 observed by myself. It is not, however, to be overlooked, that asylum physicians generally become first acquainted with the insane only after their malady has

assumed a fully developed character. Very probably, had they more frequent opportunities of observing the disease in its incubative stage, they might feel inclined to recognize in it a *quasi* moral (or immoral) monopoly. Some 16 years ago, I encountered a case of ticketed moral insanity, sent to the Toronto Asylum by three respectable and intelligent physicians. The subject was a girl of barely 15 years. She was presented by her mother, who gave me a terrorising history of the daughter's misdeeds, much of which I thought savoured more of moral delinquency than of mental infirmity. However, she was sent to me as a lunatic, and I determined to treat her accordingly, regardless of all I had been told of her naughtiness. We began, as we ended, with uniform kindness. At the end of 4½ months, I wrote to her mother that she was either completely cured, or she never had been insane. The mother was rejoiced to learn of the happy change, and she came promptly and took her daughter home; but on the second day after, she returned with her, and presented to me a large bag full of various articles of dress, on which Kate had been practising dissections. I looked over them considerately, and on closing my inspection, I said to the mother, "There is too much 'method in this madness' to convince me of its genuineness. We have had the girl here over four months, during which she has never spoken one word indicative of insanity, nor has she done one act pointing in that direction. I cannot re-admit her, for I believe she is not insane." Then I had a scene, which for long afterwards I did not understand, and, of course, could not justly appreciate. The distracted woman exclaimed, "Oh! what will become of her? She will go to the streets!" I then said "Well, I will do this; I will give you the necessary blank forms of certificates of lunacy, and if you can get three physicians to sign them, I will take your daughter in again." And, as Col. Prince once said, "it was done accordingly." So, back came my good girl, Kate, and I gave her the benefit of a thirteen months' further probation, during all which she was just as good, as gentle, obedient and obliging, as she had been throughout her former residence. I now talked to her in a very serious and paternal manner, showing her the impropriety and irrationality of her conduct at home, and pressing on her the consideration of her own best interests, which must be ruined by her continuance in a lunatic asylum. She listened to all I said with much deference, but finally told me she would like to leave the asylum, but not to go home to live with her mother. Now, her mother was neither harsh nor capricious, but, on the contrary, she had been both kind and forbearing; and her father and brothers had been equally so. I must say that this ultimate enunciation of my gentle patient let in a little light; for I well knew that the likings and dislikings of the insane are almost always unaccountable, and that both fall upon objects or persons apparently the most foreign to the rational incidence of either. I wrote to the mother, giving a faithful detail of all the facts, and advising the removal of her daughter from the asylum, but not her replacement in the family. She made suitable arrangements for the girl's residence at a distance in the country, and we had the pleasure of seeing her depart in excellent health, and in perfect mental composure. Three years afterwards she paid us a visit, and I learned from her companion that she had shown no more symptoms of insanity, either moral or intellectual.

Now, suppose I had regarded and treated this young person, not as the subject of mental disease, but as a clear-minded, moral delinquent; in other words, that I had, *quoad* her *exceptional* case, converted her asylum residence into prison correction; what would have been the probable result? It is my belief that I should then have transformed her into a real and a

hardened criminal; or if there was, as I now verily believe there was, a constitutional strain of insanity in her frame, I should have been taking the shortest and surest course to precipitate its unmistakable development. Was it not worth while even to be deceived and imposed upon for the sake of this girl's rescue from a future of vice and misery? Hear me further before rendering your verdict.

Three or four years after parting with my grateful patient, a sister was brought to the asylum. There could be no question as to the reality of *her* lunacy. She was a sad wreck, both mentally and bodily. Some years before, she had left her home and disappeared. No trace of her was had, until at last she was accidentally discovered as a demented inmate of a large pauper asylum in the United States. Her parents brought her home, and were soon obliged to bring her to me. When the mother now presented herself, and gave me the sorrowful history of this daughter's career, the echo of her distressful exclamation, when I had refused to re-admit her younger daughter, came back on my ears with thrilling accusation. But for the happy mental plasticity of the three medical gentlemen who certified to the moral insanity of my first patient, and thus secured her re-admission into the asylum, might not *she also* have fallen into a life of abandonment? Let him who will, answer the question, and then laugh at my ignorance as lustily and long as he pleases.

It is now my belief that my first patient was truly insane, call her insanity by what name soever you may choose; and I am convinced we took the only right course to prevent the more full development of her insanity, and to restore her to a state of intellectual and moral competency. Should I live long, I shall feel a deep interest in learning her future fortunes; for I by no means feel assured that she will come to old age without recurrence of her mental trouble.

Permit me here to introduce a case of flagitious criminality, which occurred within the last few years, and came, as it manifestly deserved to do, under appropriate juridical censorship:

"Not long ago," says Dr. Clouston, "a lady, by a series of the most extraordinary misrepresentations and cleverly carried out impostures, raised large sums of money on no security whatever, and spent them as recklessly; imposed on jewellers, so that they trusted her with goods worth hundreds of pounds; furnished grand houses at the expense of trusting upholsterers; introduced herself by sheer impudence to one great nobleman after another, and then introduced her dupes, who, on the faith of these distinguished social connections, at once disgorged more money. To one person she was a great literary character; to another, of royal descent; to another, she had immense expectations; to another, she was a stern religionist."

This lady was, of course, finally brought to book. I leave to the fourth estate the measure of her punishment. She was an impostor, a huge liar, a cheat; she very well knew right from wrong, and transacted her business with great ability and skill. Not one of all those she duped and cheated —intelligent, prudent, and clear-headed Scotchmen as they were—ever questioned her mental soundness. So we may readily conclude she was dealt with according to her demerits.

Let me complete, in the words of Dr. Clouston, Medical Superintendent of the Morningside Asylum, at Edinburgh, the history of this clever woman:—

"At last, all this lying, cheating, scheming and imposture, developed into marked insanity and brain disease, of which she soon died; and it was seen that all these people had been the dupes of a lunatic, whose very boldness, cunning and mendacity, had been the direct result of her insanity."

Yes, "it was seen that all these people had been the dupes of a lunatic." *When* was it so seen? Not assuredly whilst jewellers and upholsterers sold their goods to her on credit; not whilst noblemen admitted her into their select circle; nor whilst pious ministers regarded her as "a stern religionist." Had this poor woman's insanity not culminated speedily, but progressed slowly and insidiously, as it does in thousands of cases, she would, beyond all question, have been consigned to a penal prison; and had Dr. Clouston, or any other physician, ventured to express the opinion that she was insane when she committed the offences charged against her, the judge would have frowned, the prosecuting counsel would have sneered, the jury would have been astounded, and the press would have applauded their verdict of *guilty*.

O! but we shall be told, this woman did not commit murder. Well, let us be thankful for the accident; for who knows not how capricious, uncertain, and utterly outside the range of all the moral probabilities, are the acts of the insane? *She* did not commit murder, because she was never tempted or provoked to do so; because she better attained her ends by milder means. Her ends, however, were insane ends, and she *might*, dominated by a quickly-killing brain disease, have essayed their attainment by violent insane means. Poor thing! the only refuge to her, in escape from the barbarism of law, and the blindness of justice, was the *madhouse!* How many a wretched victim of legal and judicial ignorance might, in a few years, or months, have found a similar refuge, had not the gallows anticipated the fiat of Nature?

[Dr. W. now briefly related a few interesting details of two other cases of the so-called moral insanity, which came under his treatment in later years, both of which he regarded as genuine, though, as he frankly admitted, he had always failed to detect in either, whether in language or demeanour, anything so clearly indicative of intellectual defect, as might suffice to enable medical examiners to sign the certificate of lunacy requisite for their admission into an asylum. The statements, however, made by the friends of these patients, on which he had every reason implicitly to rely, were of such a character as to convince him of the presence of actual insanity in both. It is, fortunately for asylum officers, a fact to them well known, that many of their patients behave, while residents in asylums, very differently from their conduct and language at home, and all that is necessary to redevelope their mental obliquity, is to restore them to their former surroundings; many a family has had awful experience of this fact. In this country there is very little danger of persons, in a sane state of mind, being either committed to asylums, or detained in them. No superintendent of any public asylum can have any interest whatever in refusing to discharge a patient who has recovered, for the credit side of his account, in the public estimation, must consist mainly in the number of discharges of restored patients he is able to exhibit in his annual reports, so that whatever danger there may be in this relation, it must be rather on the side of liberating too many, than on that of detaining any wrongfully.]

Dr. W. then said:—"The subject to which I have to-night invited your attention is one that hardly falls within the usually recognized domain of practical medicine or surgery; yet, I have but too frequently become cognizant of the fact that members of the profession have, sometimes very reluctantly, though, in a few instances, rather exultingly, been called on to give testimony in cases involving the very important, and often very obscure, question of mental sanity or insanity; and I would be guilty of suppression of the truth, were I to withhold the expression of my constrained belief, that the assurance with which some of these witnesses have enounced their opinions has ever been

in the direct ratio of their ignorance of the general subject of insanity. As regards the very recondite question of moral insanity (so called), I have heard very loud denunciations of the term from men who had never read two pages either in affirmation or negation of the doctrine. It has been well said by some writer, that nothing is so unanswerable as a sneer. Rely upon it, gentlemen, whenever you may have the misfortune, whether within or outside of the realm of insanity, to appear in the witness-box, the respect with which you will be heard will be in exact proportion to the extent of the knowledge of your subject possessed by your auditors; and too often this will not be very abundant, either on the bench, at the bar, or in the jury-boxes.

Before closing my remarks, I would desire to allude to a difficulty in which medical witnesses are very liable to be involved, both within the courts of justice and outside of them. In cases of capital offences, but more especially in those distinguished by great atrocity, as the crimes of the insane often are, the question will often be put to you, Why should such a criminal escape the gallows? Why should he not be held responsible to the law of the land? Now, I hold, that with these questions the medical expert has nothing whatever to do. His function begins and ends with the simple establishment of the real mental state of the accused. If the law commands that, whether sane or insane, he must be hanged, that should be none of your concern. If the law, or its administrators, judging of his responsibility, not by his mental condition, but by the atrocity of the crime, sends him to the gallows, the law and its administrators must bear the responsibility. And now, Mr. President and gentlemen, in closing, perhaps the last address I shall ever have the privilege of uttering in your presence, I would earnestly admonish you against ever, in a court of justice, using the term *moral insanity*.

PROLAPSUS UTERI.—TREATMENT BY INTERNAL PESSARY.

BY J. T. DUNCAN, M.B., TORONTO.

History.—Mrs.——, (at 60), says that, thirty-eight years ago, she got up three days after a confinement. From that period she has been troubled with partial prolapse. Twenty-four years ago, after her last confinement, the uterus began to appear at the ostium vaginæ. Ulceration of the vagina was also noticed at this time, probably due to an unhealed perineal laceration. This ulceration, however, healed in the course of time, and for some fifteen or sixteen years there is no history of the progress of uterine descent. Seven or eight years ago, she was doing some heavy washing, and, in lifting the large tubs of clothes, overtaxed herself severely. Then the prolapse became complete. At this time also, the presence of a vaginal hernia was first noticed.

When she applied for treatment this year (1882), we found her a fairly nourished, moderately strong woman, considering her age (60). She was quite healthy, but very much annoyed by the procidentia, from which she had suffered for at least seven years. On physical examination, the prolapse was found to be complete, the uterus being considerably atrophied, the vesicocele plainly observable and of a good size. The parts were irritable and tender, partly from chafing between the thighs.

Replacement was easily effected, but, owing to general atrophy of the vaginal walls and uterus, and the capacity of the pelvis, the slightest effort to assume the upright position was sufficient to cause the uterus again to escape. So easily, indeed, could the dislocation be reduced, that the patient was in the habit of accomplishing it with very little effort; re-luxation taking place, however, with even greater readiness. She had tried abdominal supports of various kinds, but with only very partial relief.

The preparatory measures considered to be indicated were now adopted, which were:

rest in the recumbent position, attention to the state of the bowels, the application of local astringents, and the administration of general tonics.

In the course of a week, all irritation having been subdued, three lines of treatment seemed open. 1st. The astringent vaginal tampon. 2nd. Some form of pessary. 3rd. An immediate resort to surgical operation.

Considering the very doubtful manner in which treatment by pessaries is spoken of on the part of many eminent gynecologists, and the high recommendation of the first method by one of the ablest living authorities (*vide* Paul Mundè), the latter method was adopted, and an astringent vaginal tampon carefully placed *in situ*.

Strange to say, notwithstanding the maintenance of rest, tampons annoyed the patient, and that form of treatment was abandoned.

As an experiment, and before resorting to surgical procedure, it was determined to try a pessary.

The pelvis being capacious, and the parts lax, a very large ring pessary (soft rubber) was introduced. It never seemed to cause annoyance, and the patient, after a few days further recumbency, was allowed to go about the house. She was able to do so with great comfort, and attended to the house work for many weeks. There was no descent of the uterus, no inconvenience of any kind; the only precautions taken being attention to the state of the bowels, the dilligent use of the vaginal syringe, and an occasional inspection of the pessary to see that it was producing no injury.

About three months ago, however, it was considered advisable to remove the instrument. This was an operation of difficulty, requiring considerable manipulation, as well as some force. On examining it after removal, the soft rubber was found eroded in some places, the mucous membrane having become firmly adherent in these erosions, so that small portions of epithelium had come away with the pessary. Otherwise, the vaginal walls were in good condition.

After a few days of rest and astringents, a hard rubber pessary (Hodge) was introduced. Owing to the size of the cavity, it was considered advisable to supplement the Hodge by a small tampon. But, again, it was found that the tampon was ill borne, while the pessary seemed to produce no irritation.

With the Hodge in position the patient was allowed to rise, and the next day expressed herself to the following effect: "I was in misery for eight years. I have had comfort in my life this summer."

She wore the Hodge comfortably for a month, and I was sanguine of success for the internal pessary; but, about a month ago, she began to complain. The Hodge was removed, and a Cutter (with stem curving over perineum) introduced. She expresses herself now as completely at ease. Of course, she removes and replaces the instrument night and morning.

Perhaps the most interesting point in connection with this case is that in reference to the use of internal pessaries in the treatment of procidentia (Thomas' third degree). While admitting that, in some cases of prolapse, in the first and second degrees, internal pessaries may be successful, Thomas says "in one of the third degree others, which are in part internal and in part external, should be employed." Again, he remarks, "I rarely attempt to use an internal pessary for complete prolapse, because I usually despair of success, and because evil consequences may result." Now, in a case such as this, the uterus greatly atrophied, so that little weight has to be sustained by the pessary, theory would indicate that the danger must be slight. Certainly, the patient should be kept under surveillance long enough to make sure that no injury shall result. But, with this precaution, the above case points to two conclusions: 1st. That suitable cases of procidentia can be successfully treated by

internal pessaries. 2nd. That, with a suitable pessary, there is little danger of serious injury. Our patient wore the ring pessary for months with so much comfort that she objected to its removal. The only injury done by it was the slight denudation of epithelium, owing to the erosion of the soft rubber. The hard rubber pessary seemed to be too small—not to present a large enough bearing surface—therefore produced irritation after being worn a while. It appears, then, that if soft rubber can be made to resist the action of the vaginal fluids, or if the instrument be changed at suitable intervals, internal pessaries may justly be included in the armamentarium of the gynecologist for the treatment of certain cases of procidentia.

TWO CASES OF "SOFTENING OF THE BRAIN."

BY C. K. CLARKE, M.D.
(Asst. Med. Supt. of Kingston Asylum.)

The term "softening of the brain" has for some years been much misapplied by many physicians in general practice—in fact, has done faithful service in helping to fill medical certificates of insanity, and satisfied some doubting minds in search of a *definite* phrase to express an obscure diagnosis.

Cases of sclerosis, general paresis, and acute mania have been indiscriminately jumbled together under this convenient heading, and one might think the disease as common as measles, and quite as easily detected. That true softening of the brain is a disease of exceedingly rare occurrence, is an established fact; that when existing it is generally unsuspected, is equally true. *Post mortem* records in the Provincial Asylums furnish accounts of but a limited number of these cases, and those which have come under my observation have not been diagnosed—in fact have proved a surprise when *post mortem* examination revealed the state of affairs within the dura mater.

Accuracy in the classification of mental disease should be cultivated as much as accuracy in the classification of other disease, and it is high time the absurd use, or rather misuse, of the term "softening of the brain" should be discontinued by those who are not certain of their diagnosis.

The cases reported below were not even suspected by the medical officers of the Asylum.

Case I.—M. A. A., female, aged 34. Had been insane four years when admitted. Not robust, but enjoyed fair health. A case of chronic mania. On the morning of her death, she took her breakfast and was to all appearance as well as usual. Shortly after taking breakfast, she suddenly became unconscious, and remained comatose until the time of death, some four hours afterward.

Post mortem made twenty-seven hours after death. Body well nourished. Scalp thin, and vessels filled with blood. Skull normal. Vessels of membranes gorged with blood. The right lateral ventricle was found distended with a blood clot of recent formation. All of the brain substance about the ventricle was of a creamy consistency, and the general softening was continued through the pons into the medulla.

The cause of death was evidently the rupture of a blood-vessel in the ventricle.

Case II.—This case is of more interest than the former, on account of the quantity of brain tissue which had undergone disintegration before death took place.

W. R., male, aged 62. An inmate of Kingston Asylum for twenty-five years. Was suffering from acute mania when admitted, but gradually became quiet, and worked with the gardener for the last fifteen years. Was muscular and always enjoyed good physical health. His hallucinations remained unchanged until the day of his death. These hallucinations were chiefly in regard to witches and diabolical creatures, who tormented him so persistently that he would often drop his spade when working, and swing his arms about, to frighten the wicked spirits away.

On the afternoon of the 2nd January, 1882, he seemed as well as usual, and was working in the garden. Suddenly, he took off his coat and vest, and began fighting the imaginary spirits. After they had been satisfactorily disposed of, he sat down, and seemed to feel unwell. In a few moments, he arose, walked a short distance, and laid down. The gardener went to his assistance, and found him unable to speak, or move any part of his body with the exception of the left arm and hand. The patient was carried to the building and placed in a warm bed. He had some twitching of the muscles, but no convulsions of a *marked* character. The attendant in charge thinks R. was conscious at times, but this is more than doubtful. Death took place four hours after seizure.

Post mortem.—P. M. made twelve hours after death. Body well nourished. Rigor mortis marked. Vessels of scalp gorged with blood, as much as five or six ounces escaping during dissection of scalp from skull. Dura mater normal. Convolutions of brain rather flat. When the brain was exposed to view, a rupture of the substance of the right superior parietal lobe was discovered, and protruding through this rupture, a large black clot of blood. The clot escaped, and was followed by many more of similar description. An incision made into the substance of the brain revealed the fact that the whole right cerebral hemisphere was nothing more than a sac of degenerated brain tissue of the consistence of thick pus. The walls of the sac (the external surface of the brain) being just firm enough to retain the contents until the rupture of one of the cerebral vessels had taken place. The left side of the brain was perfectly healthy. The pons was intact.

John Forsyth Meigs, M.D., author, in conjunction with Dr. Pepper of the classical work upon diseases of children, died at his residence in Philadelphia, on the 16th of December last, in the sixty-fifth year of his age.

BACTERIA OF SYPHILIS.

BY W. H. AIKINS, M.D., L.R.C.P., LOND., VIENNA.

The most recent researches into the cause of syphilis are those of Dr. Morrison, of Baltimore, U. S., who has for some time past been making investigations into the bacteria, which are found in this disease. The work has been done in the Laboratory of Prof. Neumann, whose wards offer the best possible chance for such experiments. The results of these investigations, and the clinical histories of fifteen cases from which the syphilitic secretions were taken will shortly be published, with lithographic drawings of the bacteria. Dr. Morrison kindly gave me his manuscript to read over. He has taken the secretion from chancres and papules, and has never failed to find bacteria in it. The bacteria are cylindrical rods, generally crowded together in groups, having always the same form, and when properly stained are quite distinctly seen. As they are exceedingly small, an oil immersion lens with an Abbé condensing apparatus must be used in looking for them. The lens made use of by Dr. M. is a fifteenth (1-15) from Reichert in Vienna, and magnifies 850 diameters.

"In all my examinations of the secretion, it was either removed from a chancre or papule with a needle which had been heated red hot, and spread upon a cover glass, which had also been heated, or the glasses were put directly upon the sore itself. It is spread out in a thin layer, and allowed to dry, heated gently over a flame, dipped first into glacial acetic acid, and immediately taken out, and then dipped into absolute alcohol. It is now allowed to dry, and after this is ready for staining, which can be done either with methylene blue, or after Ehrlich's method with fuchsin. I prefer the latter. The only alteration made in Ehrlich's method was in the strength of the acid. I found it necessary, after leaving the preparation in fuchsin for half an hour, and gently warming it at the same time, to dip it into a solution of nitric acid

and distilled water of the strength of one to six." The same bacteria he describes in the tissues of chancres and papules, though, to stain and bring them out clearly is, according to him, a much more difficult undertaking. In the secretions of soft chancres were also seen bacteria, which were thinner and longer than those obtained from a hard chancre or papule. Since the discovery of Bacillus Tuberculosis by Koch, the attention of the investigators of bacteria has been directed to syphilis as a fruitful field for research, so many diverse forms have been described, that it yet remains to be seen whether this last form discovered is the true one. Different forms have been described by Klebs, Hallier, Bermann, Salisbury and others, but none of these were able successfully to stain them with the aniline colors. Dr. M. does not say that these bacteria are the cause of syphilis; much more is needed to prove that. Since, however, Martineau and Hamonic have been able to inoculate young pigs with syphilis from the culture liquid, it is to be hoped that, by continued experiment, the *role* which these bacteria play in syphilis will soon be made clear.

AN ACEPHALOUS MONSTER.

BY BEVERLEY D. HARISON, M.D., CAMBRAY.

This is not an unusual monstrosity, but as the case presents several instructive points in connection with the study of the subject, it seems not unworthy of publication. The labour was conducted by Dr. Burrows, of Lindsay, in my absence from home, on the 1st of January.

Mrs. T., aged about 35, generally very healthy, has had six children; three, including the last, born dead, the other three sound and healthy. In the confinement previous to this the child was a monster by defect, having no neck, and with the face set on back of shoulders. About the 1st December last, I was called in to see this woman; found symptoms of placentitis: intense pain in uterine and lumbar regions, vomiting, rigors succeeded by febrile symptoms, and dropsy of the lower extremities. The abdomen was greatly enlarged. Dr. Burrows, who had seen her previously, had been treating her for placentitis. She did very well until her confinement at the eighth month, taking one grain of morphia a day. Labour had been in progress about two hours when Dr. Burrows saw her, and on rupturing the membranes over ten quarts of water came away. The presentation was transverse, partly side and back in left lumbar region. The placenta was adherent to the child's right side and partly to the head; there was no neck. Dr. Burrows separated the placenta from the child, turned, brought down a knee, and delivered within an hour of his arrival. The woman has made a good recovery. Examination revealed defective development of parietal bones, almost complete absence of occipital, and non-union and separation of the *laminæ dorsales* throughout the cervical and dorsal regions, the spine being bifid down as far as the lumbar vertebræ.

Selections: Medicine.

ROSSBACH ON COUGH AND EXPECTORATION.—Rossbach found that the action of alkalies (after their entrance into the blood) was to diminish and finally to dry up the secretion from the tracheal mucous membrane (contrary to the usual doctrine). The same effect is believed to hold good for men using alkaline waters. In the direct application of alkalies (as by inhalation), Rossbach observed no effect. Weak solutions of potash or acetic acid, applied directly to the mucous membrane, caused strong hyperæmia and increased secretion. Astringents (tannin, alumen, nitrate of silver to 4 per cent.) brought about an opacity of epithelium, with total cessation of secretion. Observations on the mucous membrane and its vessels were not possible in this cloudy state of epithelium. Air passed through oil of turpentine and on to the

mucous membrane gradually determined an absence of secretion, but this gave way when the blast of air and turpentine was stopped. A watery solution of the oil of turpentine increased the secretion, whilst the vessels became constricted; therefore, this medicament is of great practical value, for, whilst diminishing hyperæmia, it increases the fluidity of the sputa; and, besides, it has an anti-septic influence on decomposing mucus. Apomorphia, emetin, (ipecacuanha), and pilocarpin increase the secretion. These three agents are expectorants *par excellence*. Practically, Rossbach believes that apomorphia is the best, as producing least nausea and anorexia. The strongest (pilocarpin), owing to its action on the salivary and sweat-glands, as well as its effect on the heart, is not recommended. Rossbach has not had sufficient experience of emetin, although the action of ipecacuanha is well known. Atropin and its related alkaloids are just the antitheses of the above. The narcotic influence of atropin was found to be very uncertain. Under the use of morphia, it was observed once that there was a considerable decrease in the secretion (to about one-fifth of the normal amount), as well as great diminution in coughing. A complete cessation of secretion was not produced by morphia. Experiments on animals and in practice were made on the joint action of morphia and apomorphia with favourable results. 1. Hydrochlorate of apomorphia may be used as an expectorant; the best prescription is: R. Hydrochlorate of apomorphia, 3 to 5 centigrammes (about 0.45 to 0.75 gr.); dilute hydrochloric acid, 5 cubic centimètres; distilled water, 150 cubic centimètres. Keep in a black glass bottle. The dose is one tablespoonful every two hours. 2. The combination of apomorphia and morphia lessens the frequency of cough and increases the fluidity of the sputa: R. Hydrochlorate of morphia, hydrochlorate of apomorphia, of each 3 centigrammes; dilute hydrochloric acid, half a gramme; distilled water, 150 grammes. One tablespoonful is given every two or four hours. 3. Morphia and atropin must be made up separately, as follows: Hydrochlorate of morphia, 2 to 5 centigrammes; distilled water, 120 grammes; red syrup, 30 grammes. The dose is one tablespoonful every two to four hours. R. Sulphate of atropia, half a milligramme (about 1-150 grain); liquorice powder and juice, enough to make twenty pills. One, two, or three pills are to be taken every night. These pills of atropin are best given in the evening from six to ten o'clock, at intervals of two hours, simultaneously with one or two spoonsful of the morphia solution; only the morphia to be given during the day should the cough indicate it. This joint action is recommended in catarrh, emphysema, and phthisis with abundant sputa (when, in the last, this does not come from cavities.)—*Lond. Med. Record.*

Minute Anatomy of Spinal Roots.—M. Ranvier states, as the result of his latest researches in the anatomy of the nervous centres, that, on suitably prepared specimens of the spinal cord, Schwann's sheath is not continued upon the intramedullary fibres of the root, these fibres being simply surrounded by a layer of protoplasm, in which at times there is a nucleus. By isolating the intramedullary root fibres down into the roo s, tracing them from the centre towards the periphery, we find the nerve fibres cylindrical in that portion of their length comprised in the root; but, at the surface of the cord, they become irregular, and their diameter suddenly increases. No longer maintained by Schwann's sheath, their envelope of myeline is swollen by the water. By a comparative study of transverse sections of the cord, hardened in in ammonium bichromate, stained with picrocarmine, and decolourized by formic acid, the details are well brought out. The fibres of the neuroglia are completely decolourized; the nuclei they contain still

present a bright red colouration. The axis cylinder is rose-coloured, and the myeline colourless and very transparent. The nerve tubes of the spinal roots, thus treated at the point where they enter the cord, show their axis cylinders rose-coloured, their medullary sheath colourless and Schwann's membrane marked in double contour. This double contour may be clearly recognized on the nerve tubes at the level of the *pia mater*, and even in the midst of the layer of neuroglia which surrounds the cord. But towards the middle of this layer, or a little beyond and before touching its internal limit, Schwann's sheath disappears, and the nerve fibre, constituted only by the axis cylinder and the medullary sheath, is limited only by a single contour.

In conclusion, the nerve tubes of the roots reach, without modification, the layer of neuroglia which surrounds the cord. In this layer they lose Schwann's membrane; but the protoplasm which doubles this sheath proceeds to their surface, and contains a a nucleus only where the last annular constriction is situated, at a very short distance from their entrance into the cord, a distance which I estimate should be less than half the length of an interannular segment.—*Gaz des Hôp.*

Diabetic Coma.—The following are the conclusions of a paper on this subject in the *Birmingham Medical Review*, for January, by Drs. Balthazar Foster and Robert Saundby:—1. Diabetic coma is especially liable to supervene in acute cases in young persons. 2. Diabetic patients and their friends should be warned of the danger of constipation, muscular exertion, nervous excitement, and cold, as probably predisposing causes of death by coma. 3. The discovery of the ferric chloride reaction in the urine should be taken as a warning to look out for the premonitory symptoms of coma. 4. Deep respiration, rapid pulse, and abdominal pain are the earliest premonitory signs of this condition. 5. Cyanosis may be absent in spite of the dyspnœa, and may appear only just before death. 6. Convulsive seizures are not an uncommon occurrence just before death. 7. Diabetic coma, with all its classical symptoms, occurs independently of any excess of fat in the blood, and the pathological value of lipæmia, when present, is yet undetermined. 8. The toxæmic theory, or poisoning by acetone or some nearly allied substance or substances, affords the best explanation of this remarkable group of symptoms.

Epidemic Tuberculosis.—Dr. Abelin (*Archiv für Kinderheilk*), states, tha during his long connection with the children's hospital in Stockholm, he has witnessed three distinct outbreaks of miliary tuberculosis in young children. In 1859 no less than 52 cases occurred, and of these 48 happened from January to July. The next epidemic was in 1868, and the third in 1881, which was attended with a very high mortality. He regards this form of the disease in children as febrile, depending largely upon some atmospheric condition, and, in cases of crowding, contagious.

Another Cause of Phthisis.—H. Struve (*Wien. Medicin. Woch*), on the cause of Phthisis, says that in his opinion, in many cases, it is due to severe irritation of the vaso-constrictors of the bronchial arteries. In this way serum and blood corpuscles escape from the capillaries. The serum is afterwards absorbed, while the corpuscles remain and are the starting point of tubercle. His treatment consists in giving agents to reduce blood pressure, so as to prevent further deposits, and to aid in the removal of those already existing.

Gelseminum Sempervirens in Tetanus.—In the *British Med. Journal*, for Dec. 23, appears a letter from Marion Sims, in Paris, enclosing a report of a case by Dr. Jno. B. Read, of Tuscaloosa, Ala. The patient was a strong, healthy mulatto woman, twenty years old, suffering from well marked tetanic

convulsions, caused by treading on a bit of broken glass, which entered the heel two days previously. The glass could not be found by dissection under chloroform, so the wound was filled with morphia, and a poultice applied. Twenty minims of fluid extract of gelseminum were ordered every two hours, alternating with the same quantity of liq. potassæ, at the same intervals. There was great difficulty in deglutition; but milk and soups were taken in small quantities frequently. During the second day, there was some improvement, followed by aggravation of the symptoms, and the dose of gelseminum was increased to forty minims every two hours. During the third day there was marked amelioration in both tonic and clonic spasms, and the medicine was continued. After the fifth day, the dose was reduced to twenty minims, and continued at this till full convalescence. The extract was fresh from the laboratory of Tilden & Co., and was given for a week in doses closely approximating half an ounce to an ounce in the twenty-four hours. No toxic symptoms were manifested; and Dr. Read suggests the employment of the remedy hypodermically in cases of hydrophobia as well as tetanus.

Chloral in Albuminuria.—In the *British Med. Journal* for December 23rd, Mr. Thos. Wilson, M.R.C.S., of Wallsend, records two cases of albuminuria cured by the prolonged administration of chloral. In the first case, a delicate-looking woman, aged 40, did not pick up well after her last confinement, with her eighth child. In a month or six weeks she complained of night sweats, cough, and severe attacks of asthma. Dropsy then set in, with albuminous urine, and without heart murmur. Cynanosis, orthopnœa, and extremely weak pulse supervened; and a diagnosis of dilated heart, with passive renal congestion, was made. The patient had been taking chloral freely, and the nurse observed that the urine passed a few hours after a dose was lighter in colour, of lower specific gravity, and contained less albumen. To test the matter, the chloral was withheld, and the improvement which had begun to be manifested at once gave place to an aggravation of all the symptoms. All other medicine was now stopped, and, on resumption of the chloral, improvement at once began again, and progressed under a continuance of the treatment to complete recovery. The chloral did not produce any apparent diuresis or diaphoresis. The second case was similar in general features, but patient's age was 68.

Scarlet Fever and Slow Pulse.—M. Manjot gave a description of an epidemic of scarlet fever at Belley. The disease was mild, but the defervescence was always marked by an extraordinary slowness of the pulse. This slowness could not be attributed to a nervous or cardiac lesion, nor to the treatment or any toxic influence. It appeared on the fifth or sixth day, when the eruption began to fade, and continued during the desquamative stage until convalescence. The pulse fell to 44 and 46 for eight or ten days, and then slowly rose to 60 The slowing was a sign of near recovery.—*Lyon Médical.*

Collodiographic Process.—M. Hénocque, at the *Societé de Biologie*, recommends a process for transferring tracings from smoked paper to a sheet of collodion, whence they may be reproduced by photography, decalcomany, etc. The tracing is laid upon a piece of glass, and covered with a thick layer of flexile collodion. Allow the collodion to dry; then dip the sheet in water, and carefully separate the paper from the collodion, which retains the smoke black, and forms a kind of stereotype plate, from which the reproductions are taken.—*Gaz. des Hôpitaux.*

A Sanitary Convention is now in progress (Jan. 31 and Feb. 1st) at Pontiac, Mich., under the auspices of the State Board of Health. A most interesting and instructive programme has been prepared.

Abnormal Respirations.—M. Grancher, in a long and interesting paper upon abnormal respirations, concludes as follows:—

"In view of the necessity of making the diagnosis of pulmonary tuberculosis as early as possible, a greater value must be attached to abnormal respirations than has heretofore been given them.

"When they are *localized* to one apex, especially the left, and are *permanent*, these abnormal respirations not only permit a diagnosis to be made, they compel it, of themselves without any modification of the resonance, vocal vibrations, and without any adventitious signs, as crackling, etc.

"These abnormal respirations are, in the order of their importance, rough and low inspirations, jerky respiration and weakened respiration. The rough and low-toned inspiration has the greatest value, as it is the most precocious and most frequent."—*L'Union Méd.*

Lesions in General Paresis.—Dr. Rey *(Ann. Med-Psychol)* has found in the brains of fifteen general paralytics separation of the cortex from the under-lying white matter. This lesion existed only in the anterior lobes of the cerebrum. Strange to say, six months earlier, Baillarger reported the occurence of this lesion in four cases, but remarked that it was most common in the posterior lobes. — *Lond. Med. Record.*

Antidote to Rattle Snake Poison.—Prof. Croft (formerly of Toronto University), says that the Mexicans use a solution of iodine in iodide of potassium, as an antidote to the rattle snake poison. From experiments made on a buck and on a dog, he thinks it is of real value. He also suggests a mixture of ferric chloride and solution of potassium iodide as a likely antidote.—*Can. Pharm. Journal.*

Dr. R. A. Reeve delivered a highly interesting and instructive popular lecture on the Hygiene of the Eye at the *Canadian Institute* on the 19th ult.

Surgery.

Syphilides.—Dr. Mauriac, Physician to the Hôpital du Midi, the well-known hospital for venereal affections in the male, delivered a very interesting lecture on the subject, which may be summarised as follows: In giving a description of the topography of syphilides, Dr. Mauriac observed that their distribution on the different regions of the body presents certain peculiarities which are not found in other affections of the skin. Erythematous syphilide is found principally on the trunk and flanks, on the inner parts of the limbs and on the flexor more than on the extensor aspect. The papular form has its seat of predilection on the face, the alæ of the nose, and on the forehead at the roots of the hair, the upper part of the neck, the trunk and on the limbs in all directions. The scaly forms, with all their varieties, invade principally the palms of the hands and the soles of the feet. Pustular syphilides, superficial and impetiginous, affect the scalp, the beard and, in general, the regions covered with hair. Ecthyma and rupia attack by preference the limbs, principally the lower limbs. As for tubercular eruptions, they are disseminated all over the body. Thus it may be seen that syphilitic eruptions may affect the entire cutaneous covering of the body. There are, however, some parts of it which would seem to form exceptions to this rule, such as, for instance, the clavicular and sternal regions, where simple and parasitic eruptions are so common. The same may be said of the back of the hand, and this remark is particularly applicable to the exanthemata. Papulo-squamous eruptions are never seen on the limbs on the extensor surface, at least systematically, as is the case with one of the most common and most typical of non-syphilitic eruptions, psoriasis. The natural orifices, the commissures of the lips, isthmus of the fauces, orifices of the nostrils, the vulva, and anus, are the seat of predilec-

tion of the earlier syphilitic eruptions, and, among others, mucous patches are there particularly noticed The circular forms of simple erythema may be found on all parts of the body; whereas the same forms of erythemato-papulous syphilides affect by preference the chin, the cheeks, forehead, the neighbourhood of the anterior and internal parts of the limbs and the buttocks. The syphilides appearing later and affecting the tissues deeply, are generally situated on the nose, lips, scalp, the sternal and clavicular regions, the buttocks, and more frequently on the legs near the joints than on the thighs.

Pulmonary Surgery.—Dr. Koch (*Deutsche Med. Woch*), as the result of operations performed by himself, and a review of those mentioned by others, considers the establishment, by means of the galvano-cautery of a lung fistula, or the destruction of a diseased portion of the lung, as not being relatively dangerous; and points to the following indications for the operation:

1. In chronic lung gangrene, developed in a dilated condition of the bronchial tubes, and accompanied by an abundant expectoration of fœtid fluid.

2. In acute gangrene of the lung after injuries.

3. In foreign bodies in the bronchial tubes.

4. In fœtid and putrid bronchitis, without succeeding bronchiectasis; and,

5. In quite localised tuberculosis.

Hydrargyrum Formidatum in Syphilis.—Prof. Liebreich (*Wien. Med. Woch*) in an article on the treatment of syphilis, speaks very highly of *hydrargyrum formidatum*. It acts more on the disease than any other preparation of mercury; and produces far less constitutional trouble, as it is easily eliminated by the kidneys. He has never noticed any salivation from it, during a very extended trial. It is best given hypodermically, two or three times a day. From one-half to the whole of a Pravaz Syringe (10-20 min.) of the one per cent. solution should be used each time.

Heart Symptoms sequent on Peripheral Nerve Lesions.—Potain (*La Tribune Méd.*) has often noticed that lesions of the peripheral nerves may be followed by affections of the heart. Several special cases confirmed him in the opinion that injuries to the bronchial plexus might give rise to hypertrophy of the left ventricle.

1st case.—An officer had his left arm amputated. The wound became very painful. After this the man suffered greatly from palpitation. Under suitable treatment the pain left the arm, and the heart affection ceased at once.

2nd case.—Compound fracture in a boy's arm. As long as the arm continued painful and inflamed there was very severe palpitation; but as soon as the irritation in the wound subsided the heart became steady.

3rd case.—Injury to brachial plexus from fall on shoulder. Subsequent hypertrophy of heart.

Extension in Sciatica.—In the *Medica Record*, Dec. 16th, will be found an extremely interesting article by Dr. M. Shoemaker on the subject of the weight and pulley extension for sciatica. Several cases are cited in which this measure gave relief in a few moments, and in time was permanent in its effects. The method of procedure is to apply the weight and allow it to remain until the limb is thoroughly tired and the pain relieved. As soon as this has been accomplished, traction is ceased. The procedure is renewed as soon as the pain returns.—*Chicago Med. Review.*

Amende Honorable.—The State of Missouri has the honour of having a quack resident who castrated a male patient, and afterwards made amends by taking his wife and living with her in open adultery.—*N. O. Med. and Surg. Journal.*

A New Method of Antiseptic Operation.—Kocher's method consists in (*N. Y. Med. Record* and *Volkmann's Klin. Vortrage*) the employment of subnitrate of bismuth. "During the operation the wound is from time to time sprinkled with water, holding the bismuth in suspension" (10%). After all oozing has ceased, the wound is closed with sutures, and the line of incision sealed with bismuth paste. The usual dressings, wet with the bismuth mixture, are then applied. No drainage tubes are used. In cases where they would seem to be required, the sutures are introduced, but not tightened; cavities are filled with wads of gauze and the bismuth dressings applied. In twelve to twenty-four hours the dressings are removed, the surface sprinkled with the bismuth solution, the sutures are tightened and the dressings renewed. At subsequent dressings the bismuth solution is always used. Bismuth in powder is not used, as it was found to give rise to diarrhœa, nephritis, stomatitis, etc.

Removal of the Sternum.—Prof. König, at the recent meeting of the Surgical Section of the German Association, exhibited a patient from whom he had removed the entire sternum for an increasing tumour of that bone. Previous to operating, he made experiments upon rabbits. During the operation, after dividing the cartilages of the ribs, he passed his fingers under the bone to be removed. An aperture was found to exist in the right pleural cavity, a second in the pericardium, and a third in the left pleural cavity. These were occluded with antiseptic gauze immediately on being discovered. Dyspnœa was complained of only for a short time. In twelve days the first dressing was made, and five days later a second. The wound healed slowly. The patient recovered and was exhibited.—*Phila. Med. Times.*

Dr. Geo. Miller Beard, the well-known Medical Electrician of New York, is dead.

Midwifery.

BACILLI AND INTRAUTERINE INFECTION.

MM. Straus and Chamberland, by a series of experiments, have found that the bacilli of charbon are not transmitted through the glands to the secretions, nor through the placenta to the fœtus, in cobayes, the glandular element, like the placenta, constituting a perfect filter.

MM. Arloing, Cornevin and Thomas had found that the bacteria of symptomatic charbon were transmissible from mother to fœtus in sheep. MM. Straus and Chamberland's experiments on cobayes gave results not so clearly affirmative.

The Microbe of cholera des poules in the chicken and rabbit invades all organs and secretions. The fowl's egg, as well as the rabbit's fœtus, were filled with micrococci and were virulent.

The *septic vibrio* of Pasteur also invades all the tissues and the maternal liquids as well as the fœtus.

MM. Straus and Chamberland have tried a new method of inoculation, a direct intra uterine inoculation of the fœtus through capillary trocars. In the female cobayes they at first did not succeed in inoculating the fœtus without contaminating the mother. They also observed the very curious fact of having the mother and one fœtus charbonized, the other fœtuses remaining unharmed. They are now about to inoculate the fœtuses of sheep, rabbits, and cobayes which have been protected by Pasteur's vaccination. These experiments will doubtless furnish important facts upon the receptivity or non-receptivity of the fœtus in the charbonic affection, and the variations that this receptivity may present at a given period of gestation, when immunity has been conferred upon the mother by preventive inoculations.

Trachelorrhaphy Sutures.—At a late meeting of the Obstetrical Society of New York, a discussion arose as to the choice of sutures

in operations for lacerations of the cervix uteri. Dr. J. B. Hunter generally employed silver wire, but thought it did not make much difference what kind of suture was used He had used silk and catgut, but preferred the wire, because at the time of operation it could be tightened or loosened more readily in adjusting the parts. The wire was not to be tightened by twisting, else it would certainly break, but by pulling upon it with the forceps before twisting. He had not for years had the silver wire cut through. Dr. Clarke said that if the silk (prepared according to Skene's directions) were tied in a granny knot, which held sufficiently well in this operation, it could be tightened as readily as the silver wire, and possessed the advantage of seldom cutting in, which the wire had often done in his hands. It was also easier to introduce, shortening the operation by one-half, and he had not found it to slip. Dr. Skene said that he used the braided, not the twisted silk; he testified to the ease with which one could tighten it when tied as had been indicated; he had never known it to slip, and it was easier to remove. The only reason silver wire had ever been used was that it caused little irritation, and consequent suppuration, and could be left in position long. If the prepared thread, which he employed, was used, we had something which possessed all the virtues claimed for silver wire, in these respects; but the same could not be said of thread taken off the spool, etc. He had the silk prepared in the following manner:—Braided silk was soaked in hot wax for five or six hours (a shorter time would not do). The wax was prepared with carbolic and salicylic acids (about five per cent. of the former and a little less of the latter). Carbolic acid alone would not answer, for if the silk were kept for some time the carbolic acid would disappear by evaporation. Silk prepared in this manner would not absorb moisture if left in the tissues for a year. He had known a piece to remain in the cervix during pregnancy and through delivery, and on removing it, six weeks after delivery, he found it to be in good condition. In vesico-vaginal fistula he used the wire because the thread might allow urine to trickle along it. In lacerations of the perineum the stiffness of the silver wire commended it. In lacerations through the sphincter he always used it; but in lesser lacerations the silk gave as good results. The braided silk was preferable to the twisted because it did not untwist, remained perfectly solid, and was stiffer. It was not, however, fit for tying vessels or a pedicle, as it would slip whatever knot were tied; but it would not slip from ordinary swelling of tissues.

Accidental Rupture of Ovarian Cyst.—Dr. Lenepveu (Vendée) reports a case of ovarian cyst accidentally ruptured, followed by recovery. It was not certain if it was a true ovarian or a cyst of the broad ligament. The woman had been suffering for a long while, and had been tapped 17 times in the course of 4 years. The first operations gave about 30 litres of a viscid, yellowish liquid; the later operations gave 40 litres of a clear transparent fluid.

One day she fell upon the ice, the cyst ruptured, and its contents escaped into the abdominal cavity. There was not much inflammatory reaction, but the urine for 3 or 4 days was discharged in great abundance, until the fluid in the peritonel cavity was absorbed. The abdominal walls were so lax that the patient could flap them from side to side like an empty pocket. The cyst refilled, and for three years remained stationary. The woman is in good health and leads an active life. The belly is as large as in pregnancy at term. She makes use of her belly as a work table, putting upon it her work and sometimes quite heavy objects.—*L'Union Méd.*

Novel Operation for Traumatic Rupture of Female Bladder..—Dr. O. Stroinski, of Chicago, removed a polyp from the

bladder of a woman, aged 46, having previously dilated the urethra. The removal was effected by torsion with forceps, and a portion of the anterior wall of the bladder was torn away. The vesical mucosa, near the sphincter, was thereupon inverted, and two ligatures passed through it. By traction on these, combined with pressure from above, the whole bladder was inverted through the dilated urethra. The rent was found to be two centimetres long, and was closed by three carbolized sutures, the bladder being replaced by a repositor. A permanent catheter was retained for two weeks, and the patient made a perfect recovery.—*Am. Jour. Obstet.*

THE CAUSE OF THE PAIN IN DYSMENORRHŒA.—Schulze, Prof. of Gynæcology at Jena, in his recently published work on the Pathology and Therapeutics of Displacements of the Uterus, says it is easy to demonstrate, by inserting a sound when the pains are at a climax, that there is not one drop of blood present in the uterine cavity. Indeed, the real cause of dysmenorrhœa is not stenosis but metritis.

THE STRAIGHT BODIED POSITION IN LABOR.—Dr. A. D. Macdonald (*British Med. Jour.*) calls attention to the subject of the straight bodied position in labor. He claims that this position is far less likely to result in lacerated perineum than the ordinary positions. The straight position does favor relaxation of the perineal muscles, and many patients will be noticed, as the child's head begins to stretch the perineum decidedly, to straighten themselves and to gain considerable relief from so doing.—*Chicago Med. Review.*

THE INTERNATIONAL MEDICAL CONGRESS.—The eighth session of this Congress will be held in Copenhagen from 10th to 16th August, 1884. Notice is given at this early day so that it may be arranged that the meetings of other Congresses may not coincide therewith.

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, FEBRUARY, 1883.

THE PERILS OF THE PROFESSION.

In inditing the above caption, we have now no thought of the multitudinous physical dangers which beset the daily path of the medical practitioner. Our mind is rather occupied with reflections upon the lurking and too often unsuspected perils which await us at the hands of those dastardly ingrate parasites who first profit by our skill and care and then assail our characters with well-concocted lies, in the base hope that we may deem it easier or better to purchase the silence of their mendacious tongues than to incur the publicity, the notoriety, the trouble, and expense of repudiation and self-vindication in a court of law. A case tried at the last York Assizes constitutes the subject of these reflections; and as it is one, in some particulars, unprecedented in the history of Canadian jurisprudence, it may not be inadvisable to relate the facts as brought out at the trial. It appears then, that, on the 26th of June, 1882, a Mrs. Lumb, residing in the city of Toronto, had a miscarriage, for which she was attended by Dr. J. E. White. On the evening of the 18th July following, the doctor was again sent for to see her, but did not visit her until the following day about midday. Finding symptoms which led him to suspect a possible retention of a portion of placenta, or secundines, he sent a son of the patient, aged about ten years, out of the room with the babe, and, after closing the door, proposed a digital

exploration, which was at once made upon a lounge. He found the uterus large and soft, with a patulous canal exuding a sanious matter. After giving certain directions, with a prescription, he left the house. Somewhat later on the same day, this woman and her husband called on Dr. Canniff, who was told by the husband that Dr. White had attempted to violate the wife, but, owing to her resistance, had not succeeded further than in ejaculating his spermatic fluid upon the external genitals and her clothes. They desired the Dr. to make an examination of the stains, with a view to assisting them in securing redress, the woman professing that she would prefer her husband's merely giving the doctor "a good licking." Dr. Canniff, suspecting the parties on account of their repeated announcements of their intention to make him their family physician in future, declined having anything to do with them. That same, or the next, day, the husband told his employer—Mr. John Kay—that Dr. White had attempted to commit a rape upon his wife. The first intimation Dr. White gets of the matter is a letter from an attorney, intimating that he had received instructions from Mr. Lumb to commence an action against him for seduction of his wife, unless compensation were forthwith made. This was accompanied, or followed, by an offer to accept $200. Dr. White at once instructed his solicitors to defend. It would appear that the plaintiffs, finding that the action they primarily projected, according to Dr. Canniff's and Mr. Kay's evidence, would be a criminal one and not pecuniarily profitable to them, speedily change their base of operations, and the husband alleges that Dr. White carnally knew and debauched his wife, having gained her consent by seductive wiles, and claims damages on the ground of the loss of the comfort and solace of her society, since, although she continues to share his bed and board and care for his children, their marital relations cannot be resumed. Herein lies the peculiarity of the action; the wife comes into court as the sole witness of her own shame and dishonour, and the chief support of her husband's contention for compensatory damages. This she is allowed to be by an Act passed by the Legislative Assembly of the Province of Ontario at its last session. This woman came upon the stand, and swore that the doctor prepared to examine her, kissed her hand, and then her lips, and was altogether so nice, that she could not but consent, and recounted, in a most shameless and brazen-faced way, the particulars of the alleged seduction. It was sought to corroborate her evidence by that of the ten-year-old boy who was sent out of the room with the babe, and who deposed that, going into an adjoining room for some ice for the babe, he heard his mother say, "Oh!" and, on peeping through the folding doors, said to be partially ajar, he saw the doctor leaning over his mother lying on the lounge, saw one of his hands on the back of the lounge and the other at its side, and heard his mother exclaim, "What will my husband say?"

For the defence, Dr. White denied the charge *in toto*, admitting the visits and the examination, and detailing the condition of the patient at the time. Several medical witnesses were called, who testified to the woman's probable condition, and the risk encountered by coitus at the time. In addition to the testimony of Dr. Canniff and Mr. Kay, a bailift—Howden—who had seized, and was in possession of, plaintiff's house, swore that Mrs. Lumb had told him that the doctor had violated her against her will, and that she did not scream out because the children were in the yard, and couldn't hear. A carpenter was called, who swore that the folding doors mentioned had not been opened for a very long time. Several witnesses testified to the impecuniosity and bad reputation of the plaintiff, and some swore that they would not believe him or his family on oath. The learned Judge analysed the evidence at length, and

directed the jury to find whether a marriage according to the law of England (where it was said to have been celebrated) had been proved to their satisfaction, and, if so, whether they believed the allegations of the plaintiff or of the defendant. The jury, after a few minutes' deliberation, found a verdict for the defendant, in which the learned Judge said he entirely concurred. It will thus be seen in what a dangerous position we practitioners of medicine stand daily. A charge so easily preferred, with so much difficulty repelled, is a standing temptation to the unscrupulous to turn a dishonest but easily gotten penny. The new law, too, renders the proof (true or false) so exceedingly easy, that it offers a premium on the preferment of such charges. If Dr. White had had the moral cowardice to succumb; and had preferred to save money, notoriety and scandal, to say nothing of anxiety and loss of time, by accepting the terms of compromise, which were really lower than the costs which he will have to pay, since these people are always worthless, who knows how many charges of a similar kind would be trumped up between now and the next assizes? From this point of view, therefore, the profession owes Dr. White a debt of gratitude; for the preferment of such charges will not be fostered by such rebuffs. We have heard it urged that the law should make provision for security of costs in such cases; but this would be so opposed to the well recognized principles of justice, as shutting out the poor man from redress of wrongs, that it is not likely ever to be had. We would rather advocate the establishment of a mutual defence fund by the profession.

Those of our readers who have attended the Royal Infirmary in Edinburgh—and they are not few—will learn with regret of the death of John Swayne, the principal gate-keeper, on December 10th, from cardiac disease.

A MEDICAL OFFICER OF HEALTH FOR THE CITY.

As a sequence to the Order-in-Council of the Federal Government, gazetted on the 30th December last, with reference to Health and Mortuary Statistics, wherein it is provided that the Minister of Agriculture may allot to the various capitals, and other towns having a population of 25,000 and over, possessing a local Board of Health, to which is attached a permanent, salaried medical officer, a portion of the Parliamentary grant for such purposes, in the proportion of one cent for each individual unit of such population, together, if necessary, with a lump sum, not to exceed in any case $400, the new City Council will, doubtless, soon feel itself called upon to appoint, without delay, such a permanent, salaried medical officer. It has long been a subject of wonder and astonishment to those who have reflected at all upon the matter, that the anomaly of appointing a layman to the performance of such essentially medical duties should be suffered to continue. Doubtless, had there been a man at the head of that department of civic administration of less universally recognised integrity, ability, and general capacity, than the present Commissioner—Mr. Emerson Coatsworth—the infallible failure of the system must have worked its own remedy and reform. Now, however, that the proffer of Federal Government aid in the collection of statistics is contingent upon the possession of a permanent, salaried medical officer, we can scarcely doubt that this regretable lacuna in our municipal machinery will at length be filled up and obliterated. The selection of an incumbent for the office will necessarily be a subject for much anxiety and concern. For not only will the vitally important interests committed to a medical officer of health be jeopardised by an injudicious or unfit selection, but the existence of the office itself will be imperilled if its utility be not manifested *ab initio*. Moreover, the Minister of

Agriculture is empowered to withdraw his grant whenever the working of the office may appear to be unsatisfactory. It will, therefore, be a matter of vital importance to secure in the beginning the best possible man. To this end the salary must be liberal, a fair and equitable remuneration for the discharge of arduous and responsible duties, and this without regard to the one-fourth of the Government allotment to the municipality, which is his due for services rendered in the statistical department. The qualifications for the office are : indubitable integrity, strength and independence of judgment, suavity combined with firmness, a good knowledge of sanitary science and of men, indefatigable energy, and, perhaps it may be added, reasonable youthfulness, and acquaintance with civic affairs. From this hasty sketch it will be apparent that a selection cannot be lightly made, and that political considerations can have no place. An unworthy appointment will not be for an instant condoned by the profession; and in the absence of professional approbation, the fate of the office is inevitably sealed.

HOME HOSPITALS FOR THE WELL-TO-DO.

Pay-hospitals, as at present constituted, are of various kinds, and differ in the measure of success which they attain. In England, those designed for the upper-middle and higher classes, the utilization of which demands considerable means, seem, according to the reports, to get along satisfactorily; those for the middle and lower middle succeed admirably, and those for the lower classes who can contribute something to their support, are from one-half to two-thirds self-sustaining. The special and private hospitals of the large American cities appear to reap an abundant harvest. It has long been felt that there is an urgent need in this city for the existence of a hospital to which that large class of persons engaged in business, who are sequestrated from home comforts and surroundings, could repair when overtaken by disease or accident, and still remain under the care and supervision of any practitioner they may prefer. Accommodation is needed, too, for cases which come to town for operation at the hands of surgeons not connected with the General Hospital, the boarding-house accommodation available for such persons being notoriously bad and insufficient. We believe that a hospital designed to meet these wants could, under careful and judicious management, be made to succeed abundantly as a commercial enterprise; and we throw out the suggestion in the hope that some of our monied men who are not averse to investing capital in an enterprise which may prove at once profitable and philanthropic, may be induced to give the project their thoughtful and earnest consideration. To those who are so disposed, we would further suggest a perusal of Mr. Henry C. Burdett's *brochure* on "Pay-Hospitals and Paying Wards Throughout the World," published by Messrs. J. & A. Churchill, 11 New Burlington street, London W.

New York Post Graduate Medical School.—We are in receipt of the announcement of the second term of this new school for practitioners. It is accompanied by what, in this country, would be called a Time Table, from which it is apparent that the time must be well and fully occupied. The names of the staff are a sufficient guarantee of the excellence of the teaching, and we can only reiterate the advice we gave some time ago, that all in whose power it lies should avail themselves of the golden opportunity. This session extends from January to April 28th. The local habitation of the school is 209-213 East 23rd St.

The students of the Ontario Veterinary School held their Sixth Annual Dinner at the Walker House on the 26th ult. It was a brilliant success although the gas went out.

THE INTEGRITY MEDICAL AID FUND OF TORONTO, ONTARIO.

A remarkable circular has been brought under our notice, which has the above formidable heading. First, after the heading, comes a list of "consulting physicians," eleven in number, consisting of ten regulars, and one apostate regular, who now is designated "Homœopath." Then appear explanations, as follows:—"Under this system the members mutually protect each other by paying a stipulated sum to the fund by small monthly payments, collected monthly, at members' own residence. The fund also provides for medical attendance, for accouchements under special rates." The "advantages of membership," seven in number, are then set forth. After quoting an article from the "Journal, London," on "the cost of sickness," we have another heading, "Please read thoughtfully the following," under which are grouped a number of important facts for the consideration of the public. We regret the limitation of our space, which prevents a full report, but select a few:—

"Every member of the family—father, mother, brothers, sisters—from the grandparent at 70 years to the babe at a year old.

"The *Fact* that it proposes to furnish its members with the best medical attendance in the country. Fact, because you can have any physician on the list. Fact, because you can change if the one does not suit you. Fact, because you can have the doctor at any time you wish, and as often as you wish. All you are required to pay is 20 cents a month for an adult, and 10 cents a month for a child. Or, if you prefer it, 30 cents a month will pay for both medicine and doctor, or half that for a child. Just stop to think, less than *one cent a day* will pay for doctor and medicine the year round, and as an agent will call upon you in a day or two, be sure and join, and tell your friends. Remember, please, less than *one cent a day* to keep you in good health." A neatly shaped hand, with forefinger extended, points to the final clause—"Agents wanted. Apply Branch Office: 119 Strachan Avenue."

We believe nothing further is definitely arranged; but one of the members tells us the special rates for accouchements will be about half price. It is expected that one of the advantages connected with this joint stock company of brilliant consultants will be a division of labour on the most approved principles of modern Political Economy. Some may take the accouchements, some the 30 cent, others the 20 or 10 cent patients. They can then be divided into classes and known as midwives, 30 cent, 20 cent, or 10 cent men, as the case may be. The latter may possibly be designated the half-price men, or baby-men. We may give further particulars, with names of the physicians, when arrangements are finally completed, and charge nothing for the advertisement.

From a business, as well as a philanthropic point of view, this proposed plan for the amelioration of the physical ailments of the citizens is worthy of all praise. At the same time, while we are filled with admiration, we are struck with wonder at the resources of the fertile brain from which emanated a scheme so gigantic and so commendable. The ambitious City of Toronto is fast becoming famed in matters medical. It has already beaten the world in signs, and now it has originated the grandest scheme known of touting for patients. Probably the motto of the new company will be:—"Come one, come all, at any price you like; if you can't give us 10 cents, give us what you can."

A Heavy Brain.—Dr. Halderman, of Columbus, records, in the *Cincinnati Lancet and Clinic*, the case of a mulatto, named Washington Napper, aged 45, whose brain was found to weigh 68¾ ounces, nearly 5 oz. more than the famous brain of Cuvier.

A Light Brain.—Gambetta's brain weighed only 38 4/5 oz.

TRINITY SCHOOL AND KINGSTON STUDENTS.

We regret that a letter, addressed to this Journal by the Secretary of the Trinity Faculty, and published in this issue, compels us again to refer to a matter which is creditable neither to our city nor our country. To prevent misconception, we will briefly recall the history of the proceedings.

Troubles arose between students and Faculty in Kingston, which were chronicled in the daily papers, and thus known by almost every man, woman and child in the country. The students communicated with several Medical Schools, and received a reply from Trinity which filled them with delight. They stated openly and boldly that Trinity offered to take those who had paid their fees free of charge, and those who had not paid anything at Kingston for half the ordinary sessional fees.

Upon the receipt of the proposal, they at once placed it on their bulletin board at the college. It appeared in a local newspaper. A copy of this paper was sent to the Dean of Trinity Faculty, and he was at the same time asked if the report was correct. No denial was made. In a day or two after this, a letter was sent by a member of the Kingston Faculty to the Trinity Dean, asking him if his school had made the following proposal to Kingston students: "Students to be received on their own declaration of having attended lectures, that those who have paid their lecture fees will be allowed the balance of the session free; those who have not paid will only have to pay half; that these tickets will be certified on students' own declaration." A letter was received, in answer, which was evasive in every particular, and denied nothing which had been stated by the students. Whatever may have been the foundation for the statements, Trinity was deriving full benefit from them, and its Dean, on being asked, declined to repudiate them.

The Kingston Faculty being unable to get any satisfactory answer, gave up in despair, and looked on the destruction of their school as inevitable. Prominent citizens, however, interested themselves, and, at their urgent request, the Faculty decided to save their school and, in order to do so, put themselves in the humiliating position of practically yielding to the students every point in dispute.

We may add, that, while the negotiations were being carried on, and while the students feared difficulties about their certificates of attendance, they telegraphed to Trinity, and the despatch contained the following words: "We expect that our Professors will not certify our attendance for this half session. Would this session count with you?" The official answer from Trinity contained the following words: "Declaration of attendance on previous half of session will entitle to certified tickets." Before receiving this offer, the students had either to accept the compromise offered, or lose a whole session; after receiving it they could dictate their own terms. We leave it with our readers: they may compare it with the expressions of sympathy contained in Trinity's letter, and draw their own conclusions.

SIR THOS. WATSON, BART, M.D., F.R.S.

On the 12th of Dec. last, there "passed through nature to eternity" one of the Immortals of the Profession — Thomas Watson. Universally revered, respected and beloved; full of honour, as of honours and of years, none has descended to the grave from the ranks of our Profession a nobler or a brighter example of the true Physician. Born in Devonshire, on the 7th March, 1792, his preliminary education was received at the Grammar School of Bury St. Edmunds, and in 1811 he was admitted to St. John's College, Cambridge, whence he graduated B.A., tenth wrangler, in January, 1815. Two years later, he was elected a Foundation Fellow of his College, and in the year following took his M.A. At the age of 27, he commenced the study of

medicine at St. Bartholomew's Hospital, under Mr. Abernethy. During 1820-1, he studied in Edinburgh, afterwards returning to Cambridge, where, in 1825, he took the degree of Doctor of Medicine. The same year, he married, and settled in practice in Henrietta street, Cavendish Square, and here remained for 57 years. As with so many others who have ultimately scaled the topmost pinnacle, the lowest rungs of the ladder were hard and tedious to overpass, and practice and fame were slow in coming.

Five years later, a sore trial awaited him in the death of his deeply beloved wife, three days after the birth of their second child. In 1826, he became F.R.C.P; and in 1827, Physician to the Middlesex Hospital. When University College was opened in 1828, Dr. Watson was made Professor of Clinical Medicine, utilizing his material at the Middlesex for his lectures. This he resigned in 1831, and was appointed Prof. of Forensic Medicine at King's College. In this year began his contributions to medical literature in the *Medical Gazette*, in which most of his writings were published. He took professional charge of Sir Walter Scott on his last trip from London to Edinburgh. In 1836, he succeeded Dr. Francis Hawkins as Professor of the Principles and Practice of Medicine; and then it was that he delivered those immortal *Lectures on the Principles and Practice of Physic*, "which take first rank amongst the standard Classics of Medicine." In 1840, on the establishment of the hospital in connection with King's College, Dr. Watson declined to sever his connection with the Middlesex Hospital, and accordingly resigned his Chair at King's College. In 1844, increase of practice compelled his relinquishment of his public duties. In 1859, he was appointed Physician Extraordinary to the Queen; and, in 1861, he attended the Prince Consort in his last illness, in conjunction with Sir James Clark, Sir Henry Holland and Sir Wm. Jenner. In 1866, he was created a Baronet. He held numerous offices in the College of Physicians at different times, and, from 1858 to 1860, represented it in the Medical Council. In 1862, he was elected President of the College, and again for five successive years, declining a sixth nomination, on the score of advancing years. Open mindedness was one of his characteristics; and no man was ever readier to gain instruction or to correct an error. As Wm. Budd, with prophetic vision, announced, years ago, the specificity and infectiousness of tubercle, so Sir Thomas Watson, a year or two since, forecasting the tablets of futurity, and strong in the faith of operative medicine, expressed his belief that his grandchildren would live to see the day when the so-called zymotic fevers of childhood shall be no more. A man of unimpeachable integrity, of unbounded kindness of disposition, of infinite courtesy and regard for others, of profound learning and perfect candour, possessing a fine sense of honour, a clear and unerring judgment, rare gracefulness and fluency of diction, with singular command of his mother tongue, and "wearing through all these years the white flower of a blameless life," the Profession early learned to recognise him as a leader, ἀναξ ἀνδρων, a king of men. Such he was when many whose "time of life has fallen into the sere and yellow leaf" were young; and such he remained even until the end.

STUDENTS' RESIDENTIAL CHAMBERS.

The subject of securing residential chambers for medical students has been the object of some consideration in the old country of late, and the *London Lancet* strongly advocates their establishment on the lines of the "Union" Societies of Cambridge and Oxford. It appears that King's College and St. Bartholomew's have residences in connection with their schools, though not on a very extensive scale, and that these are in great demand both by parents and students. The *Lancet* says:—"It would be a great advantage to medical

students if chambers in connection with the schools were general, instead of being limited, as at present; for, undoubtedly, many of the faults, and much of the idleness now urged against those engaged in the study of our profession are directly due to a want of supervision after lecture hours, and to the dreariness and unsuitability of the lodgings in which, under the present *régime*, they are compelled to reside." We entirely concur in the tenor of the *Lancet's* article, and feel that the observations made are quite as applicable to ourselves as to the students and schools at home. It would be, perhaps, utopian to expect any very complete system to be inaugurated here at an early day; but we trust that some step in this direction may ere long be taken to provide a boon so well calculated to promote the comfortable pursuit of medical studies, and to remove one of the indubitable causes of the greatly exaggerated ill odour and repute of medical students, especially amongst boarding-house keepers. A combination of the two schools might surely be effected for this laudable enterprise; or, if they be not prepared to invest their capital in that way, it ought not to be a matter of great difficulty to induce one or two wealthy capitalists to undertake the matter. Such a "Residence," conducted on sound economical principles, ought not to be unremunerative. One or two suitable lots are now to be had on Parliament street, an unpretentious building, with comfortable and healthy rooms, a reading-room, music-room, smoking-room, and gymnasium, need not be costly; nor need a remunerative rental be found excessive by students of moderate means.

Dr. Wilson Fox has succeeded Sir Thos. Watson as one of the Physicians in Ordinary to Her Majesty. A vacancy was thus created among the Physicians Extraordinary, to which Dr. Owen Rees has been appointed.

THE MATERIA MEDICA TROUBLE AT McGILL.

After the holidays the Faculty made arrangements with the students which, it was hoped, would prove satisfactory to all parties. The lecturer was to modify his course, and at the spring examinations a joint examiner was to be appointed. It appears, however, that the students are still quite dissatisfied, as in fact might have been expected. The almost, if not quite, unanimous opinion of those who have passed through McGill during the last ten or fifteen years, is that the lectures on Materia Medica have been of no practical benefit to the students. This is a matter for extreme regret for many reasons, one of the strongest being the fact that the lecturer is a most estimable and worthy man in all respects; but his forte is not lecturing on Materia Medica. It is the wish of both graduates and undergraduates of this institution that this matter should be set right, and the Faculty should not shirk the question. Some of our Medical Faculties are so constituted that it is a moral impossibility to superannuate any lecturer, even though he has long outlived his usefulness, until he himself chooses to retire. Is McGill in this position?

JOURNALISTIC.—We have already noted the change of the *New York Medical* from a monthly to a weekly issue; and that of the *American Journal of Obstetrics* from a quarterly with monthly supplement to a monthly. We have further to remark an increase in size and number of pages of *Gaillard's American Weekly*, of the *Louisville Medical News* (weekly), and of the *New York Medical Record*, which latter now appears in a most handsome and imposing form. The *Michigan Medical News* and the *Detroit Clinic* have been merged into one, under the name of *The Medical Age*, which appears fortnightly, published by Geo. S. Davis, and edited by Dr. J. Mulheron. Dr. Bemiss has retired from the editorial management of the *NewOrleans Medical and Surgical Journal*, and has been succeeded by a staff of

five. Our excellent contemporary and exchange, *The Annals of Anatomy and Surgery*, of Brooklyn, formerly published under the auspices of the local Medical Society, appears this year on an independent footing, under the management of L. S. Pilcher and Geo. R. Fowler, of Brooklyn, in conjunction with Shaffer of New York, Marcy, of Boston, Park of Chicago, Allis of Philadelphia, Mastin of Mobile, and J. E. Pilcher of Brooklyn. It is the only journal devoted exclusively to the interests of anatomy and surgery in the language; admits solely articles of superior merit, is well illustrated, and issued monthly, with unusual regard to typographical excellence and general get-up, at $2 per annum. We are certainly much astonished at the price named. *The Rocky Mountain Medical Times*, beginning with its second volume, has adopted the name of the *Denver Medical Times*. *The Monthly Review* of Materia Medica and Pharmacy, edited by Dr. Richard V. Mattison, of Philadelphia, appears this year under the name of the *Quinologist*. Messrs. J. H. Chambers & Co., of St. Louis, Mo., have purchased the *Chicago Medical Review*, which has heretofore appeared semi-monthly. It will henceforth appear as a weekly simultaneously in Chicago and St. Louis, under the name of *Chambers' Weekly Medical Review*.

Death Under Chloroform.—A case is reported from the Great Ormond Street Hospital of the death of a female child, aged five, while under chloroform. An abscess existed in the vicinity of the knee joint, threatening to involve it. The house surgeon administered a little chloroform to keep the child quiet while Mr. Howard Marsh incised the abscess. The operation occupied a second or two, but the child's heart suddenly ceased to beat, and all restorative efforts were in vain. The child had previously taken chloroform twice. After a *post mortem* examination, the cause of death was returned as syncope, due to the depressing effects of chloroform.

Teachers and Students.—The strictures upon students, on the one hand, and upon examiners on the other, during the last twenty years, have been neither few nor slight. The idleness, indifference, ignorance, and stupidity of students, have formed the staple of most of the official utterances of examiners, and have been echoed by teachers, while examiners in their turn have been freely charged with incapacity, incompetence, selfishness, and cupidity. Meanwhile the teacher has usually escaped. Few have ever ventured to carry criticism into the teachers' camp. It seems to have been tacitly assumed that the office of teacher is inviolable. Interference with his function has always been sharply resented and quickly checked. And yet it would be hard to maintain that the attainments of teachers have kept pace with the increasing requirements of examinations. On the contrary, the relations of medical education and examinations have been reversed. Students are now the slaves of the examinations; everywhere they are over-examined and under-taught. Anyone whose business or inclination may lead him to visit the examinations conducted by the various examining bodies—say the Royal College of Surgeons of England—will soon be convinced that the majority of candidates exhibit a "plentiful lack" of education and training. They are not devoid of knowledge, their memories have been fairly exercised, their answers often rise readily to the lips, and still it is obvious that with most of them the reasoning faculty is almost in abeyance. If memory should play them false, reason, so long neglected, finally refuses her aid. This implies defective training and preparation, the responsibility of which rests chiefly upon teachers. Candidates are not, as a rule, ignorant, but they are uneducated; they show no signs of having been taught the philosophy of things. Of empirical knowledge they have enough, and to spare. They are familiar with quite a host of isolated facts, but are unacquaint-

ed with the relation and connexion of these facts. They have been instructed, but not trained. Information has been mechanically imparted, and is given out again in like manner. This is the fallacy underlying most educational schemes now-a-days. Many conscientious teachers fall into the error of mistaking instruction and the imparting of information for education whereas the evil is that the student is taught too many things—*multa* instead of *multum*. * * Improvement in medical education, therefore, must begin with the teachers themselves. The teacher must be made to feel his responsibilities more acutely. The art of teaching is difficult, but it may be acquired by every earnest mind. It is not enough for a teacher to be punctual, he must be industrious and, above all, scrupulously honest. The process of education is slow, tedious, and often painful, and demands patience, perseverance and restraint. The result is so remote, and so uncertain, that the consciousness of having honestly done his best may be the only reward the teacher may receive for all his pains; but the reward is precious.—*London Lancet.*

The Value of Professional Services.—It is surprisingly difficult to make anybody recognize the money value of medical services, but those who are officially responsible for the administration of the Poor Laws would seem to be especially oblivious to this view of the facts. There is a wide-spread and very deep persuasion on the part of the public that we of the medical profession are so enamoured of our work that we are always eager to practise whenever and wherever a patient can be found, wholly regardless of trouble or recompense. This is doubtless an exceedingly flattering compliment to pay to our professional zeal, but does it not a little reflect on our character for common-sense intelligence as men of the world? Those who thus praise our devotion to science do so at the cost of a considerable sacrifice of the respect in which they hold our intelligence as men of business. It is only the "doctor" who is expected, and confidently counted upon, to labour without reward. The ingenious philanthropist, rich in the wit of being liberal with other men's stock-in-trade, has never hit on the device of instituting a charity for the furnishing of legal advice and assistance to necessitous debtors, or poor folk troubled with heavily-mortgaged estates or interminable lawsuits; and though it is true that religious enthusiasts do establish costly missions abroad and spiritual enterprises at home, they are always careful to make special provision for the payment of their clergy. Who ever heard of any benevolent undertaking for the benefit of sick or sound, friend or foe, fellow-subject or alien, which was based, as its fundamental proposition and start-point, on the assumption that the services of its principal and active agents were to be had for nothing—except the gratuitous toil and time to be contributed by the medical profession?—*Lon. Lancet.*

Corrigenda.—In our report of the meeting of Delegates to Ottawa, on the subject of "Vital Statistics for the Dominion," in our last issue, the names of Dr. Marsden (Chairman of the Quebec Delegates) and Dr. C. Verge, of Quebec, were inadvertently omitted.

In Dr. Workman's paper on "Moral Insanity," commenced in our last issue, we regret to observe numerous typographical errors, most flagrant among which were various egregious renderings of the name of the immortal Pinel, the endowment of Esquirol with a "g" in place of his normal "q," and the outrageous "manie saisonnaute" for "manie raisonnante" of the French authors. Our apologies are due to Dr. Workman, whose fine philological sensibilities must have been seriously offended by our fault.

Dr. Bliss is going to Europe. He is liable to become the family physician of any distinguished person who asks him to dinner.—*New Orleans Picayune, Grip.*

Electricity as a Cardiac Stimulant.—Prof. Von Ziemssen lately had a patient—a woman aged 46—who had lost the greater part of the precordial structures, exposing the heart; and he conducted a series of experiments, to determine the effects of the Galvanic and the Faradaic currents respectively on that organ. He distinctly discovered that the induced current had no effect whatever, whilst the constant or direct current acted as a powerful stimulant. It is therefore useless, in cases of chloroform syncope, to waste time in applications of the Faradaic current, as is so commonly done.

A Modified Daniell's Cell.—The well-known fact that in the Daniell's cell the sulphate of copper accumulates in the porous cup, and finally overflows, rendering the cup useless, and necessitating the substitution of another, induced M. Regnard to construct a modified Daniell, in which he places, exteriorly, bisulphate of mercury, and, interiorly, nitrate of mercury. This modification offers none of the inconveniences of the Daniell, and will work a long time without stopping and without the necessity of changing any of its parts.—*Gaz. des Hôp.*

Death from Dichloride of Ethidene.—In the Liverpool Eye and Ear Infirmary, on 21st Nov. last, a foreign body was extracted from the lens of a man aged 26. Between 3 and four drachms of dichloride of ethidene had been administered, when the pulse stopped, and all efforts at restoration failed. *Post mortem*, the cardiac muscle was found to have undergone extensive granular degeneration.

The Medical and Sanitary Editor of *The Flint Globe* is greatly exercised because a paper published in this city, and denominated "Truth," asserted that the President of the American Public Health Association—Prof. R. C. Kedzie, of Lansing, Mich.—was an anti-vaccinationist, and he devotes a column and a quarter in his issue for January 11th to proving, what everybody knows already, that he certainly is not. If the editor of the *Globe* but knew how little it mattered what "Truth" said about such matters, he would not have wasted more space in correcting the "untruth" than we have done.

Theodor Von Bischoff, the eminent anatomist, died in Munich, on Dec. 5th, aged 76. In 1832 he was assistant in the Obstetric Department in the University of Berlin; in 1833 teacher of anatomy in Bonn; in 1849 prof. of anatomy in Heidelberg; in 1843 of anatomy and physiology in Giessen; in 1855 he assumed the analogous chair in Munich. He is best known by his works on comparative anatomy and embryology.

Book Notices.

Fourth Annual Report of the State Board of Health of Illinois, 1882.

Some Specialties manufactured by the Cincinnati Type Foundry and Printing Machine Works, 201 Vine St., Cincinnati, O.

Weekly Health Bulletins and Meteorological Reports. By P. H. Bryce, M.A., M.D., Sec. Provincial Board of Health, Ontario.

Naso-Antral Catarrh and its Treatment. By W. H. Daly, M.D., Pittsburgh, Pa. (Reprint from *Archives of Laryngology.*)

Bromide of Ethyl. The most perfect Anæsthetic for Short Surgical Operations. By Julian J. Chisholm, M.D., Baltimore, Md. (Reprint from *Maryland Medical Journal.*)

Treatment of Arthritis of the Temporo Maxillary Articulation. By D. H. Goodwillie, M.D., D.D.S., New York City. (Reprint from *Archives of Medicine.*)

Report of Deaths in the City of Lansing for the month of Dec. 1882, *and for the year* 1882. *Weekly Meteorological and Health Bulletins for Michigan.* By Henry B. Baker, M.D., Lansing, Sec. Board of Health.

Is Tubercular Consumption a Contagious and Parasitic Disease? By Bela Coggshall, M.D., of Flint, Mich. (Read at 10th Annual Session American Public Health Association.)

A Large Fibro Cyst of the Uterus and Ovarian Cystoma, co-existing with Pregnancy: Operation: Recovery. By Walter Coles, M.D., St. Louis. (Reprint from *St. Louis Courier of Medicine.*)

The Application by Insufflation of Medicated Powders to the Upper Air-Passages for the relief of Catarrhal Conditions. By D. H. Goodwillie, M.D., D.D.S., New York City. (Reprinted from the *Archives of Medicine.*) New York: G. P. Putnam's Sons. 1882.

The Student's Manual of Venereal Diseases, being a concise description of those affections and of their treatment. By Berkeley Hill, Prof. Clin. Surgery, University College, London, and Arthur Cooper, late House Surgeon to the Lock Hospital. Second edition. New York: Wm. Wood & Co. 1881. Price 10 cents.

This is one of the cheap, paper-cover reprints. The matter, of course, is good, presenting an epitome of the well-known views of these well-known surgeons. The manner and paper are not commendable, but quite as good as could be expected at the price demanded.

Suppression of Urine. Clinical Descriptions and Analysis of Symptoms. By E. P. Fowler, M.D. Ninety-three Clinical Cases, with Illustrations, Tables and Diagrams. (Paper presented to N. Y. Med. Chir. Soc., Dec. 1880.) New York: Wm. Wood & Co., 1881.

The scope of this paper is sufficiently set forth in the title. Its preparation must have cost the author a world of trouble, and it will be proportionately labour-saving to those who in future may be desirous of investigating the subject.

A Guide to the Practical Examination of Urine. For the use of Physicians and Students. By James Tyson, M.D., of the University of Pennsylvania. Fourth edition, revised and corrected, with coloured plates and wood engravings. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St. 1883.

This manual is just what it purports to be, and is one of the best of its kind. The first edition appeared in 1874, and it, together with its successors, have all been greeted with universal welcome and commendation. It is unnecessary, therefore, to say more about this fourth edition than that it possesses all the excellencies of its predecessors, combined with whatever corrections the progress of knowledge has rendered necessary.

Medical Electricity: A Practical Treatise on the Applications of Electricity in Medicine and Surgery. By Roberts Bartholow, A.M., M.D., LL.D. Second edition. Enlarged and improved. With 109 illustrations. Philadelphia: Henry C. Lea's Son & Co. 1882. Toronto: N. Ure & Co. Price $2.50.

The first edition of this work was exhausted within a year. It may, therefore, be presumed that it is popular and has met a want. That some of the criticisms of the first edition from the scientific electrician's standpoint are fully justified, may be admitted without prejudice to the value of the work from the Practitioner's point of view. As the most famous teacher of Materia Medica and Therapeutics on this Continent, the author may well be credited with a full knowledge of this agent, and capacity to communicate that knowledge. This edition is considerably enlarged, amended and improved.

A Guide to Therapeutics and Materia Medica. By Robert Farquharson, M.D. Third American Edition. Revised by the author. Enlarged and adapted to U. S. Pharmacopœia, by Frank Woodbury, M.D., 1882. Philadelphia: Henry C. Lea's Son & Co.; Toronto: N. Ure & Co. Price $2.25.

The high esteem in which this excellent

little manual has been held *ab initio* by both practitioners and students, will not be in any wise diminished by the appearance of this last edition, now increased by one-third its former size. The same arrangement and other features of excellence have been preserved, and the author may truly be said, in comparison with the larger classical manuals, to have presented his subject "in briefer compass, in perhaps more systematic form, and unencumbered by any botanical or pharmaceutical detail." The American editor merits a full meed of praise; and although Dr. Farquharson, having retired from practice, will probably not again address us, yet he must feel assured that in Dr. Woodbury he possesses an executor in whose hands his work will not fail to realize the accomplishment of his design.

Papers read before the New York Medico-Legal Society from its Organization. Second series. Revised edition. New York: W. F. Vanden Houten. 1882.

This volume (No. 2 of the series) contains a collection of valuable and most readable papers, comprising inaugural addresses, and essays upon various topics, well distributed over the field of medical jurisprudence. Some of them, however, are ten years old, the Society not having been very prompt in the publication of its transactions. This reproach is about to be removed, however, and volume three is announced to be ready shortly. Several excellent photographs of some of the contributors accompany the articles. An appeal is issued to lawyers and physicians for contributions to the establishment of a library, accessible to both professions, which shall contain all the works published in relation to Medico-Legal Science. We are glad to know that under the continued presidency of Mr. Clark Bell the Society is in a flourishing condition, the number of members having increased within the past year from 177 to 267. Under the circumstances, it would seem that the new and rival Society of Medical Jurisprudence will have uphill work.

The Relative Mortality, after Amputations, of Large and Small Hospitals, and the Influence of the Antiseptic (Listerian) System upon such Mortality. By Henry C. Burdett, Fellow of the Statistical Society; Hon. Sec. Home Hospital Association for Paying Patients; Late Sec. and Gen. Superintendent of the Seamen's Hospital, Greenwich, and the Queen's Hospital, Birmingham. (Reprinted from the *Journal of the Statistical Society*, Sept. 1882.) London: J. & A. Churchill, 11 New Burlington Street. 1882.

Mr. Burdett, whose fitness for the task is on all hands admitted, has been at infinite pains in preparing this essay, and although his statements may seem to be not devoid of bias in favouring so strongly Cottage Hospitals, of which he has long been a strenuous champion, yet we do not for a moment doubt their absolute correctness. We heartily commend a perusal of the facts presented to all surgeons, and also to the lay managers of all hospitals and thank Mr. Burdett for the good work he has done in thus disseminating sound sanitary doctrine.

Dr. Norris's Third Corpuscle of the Blood. A Criticism and Refutation. By Mrs. Ernest Hart. (Reprinted from the *London Medical Record*, Oct. 15th, 1882.)

Dr. Norris, the Professor of Physiology in Queen's College, Birmingham, has spent a great deal of time, ingenuity and labour in his endeavours to establish the existence of his third or so-called invisible, corpuscle of the blood, and its identity with the hæmatoblasts of Hayem and the *small blood plates* of Bizzozero. This *brochure* of Mrs. Hart's strikingly demonstrates how a careful and scientific observer may be self-deceived. Having repeated Norris's experiments, Mrs. Hart very clearly demonstrates that the invisible corpuscle is the artificial production of his methods, and nothing more nor less than a decolourised red blood disc. Mrs. Hart's investigations have evidently been conducted with much skill and acumen, and her criticism is a model in scientific controversy.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Stated meeting November 2nd, 1882.

The President, Dr. George Wright, in the Chair.

Dr. H. C. Burritt was elected a member.

Dr. Graham showed the case of tinea kerion reported by him at last meeting. Much improvement had taken place under treatment by sulphurous acid bathing, followed by applications of iodide of sulphur ointment.

Dr. Cameron said that he had found, in a case of tinea capitis, the application of sulphurous acid, followed by glycerin of carbolic acid fail to destroy the parasite, while the sulphurous acid alone succeeded perfectly, so that one preparation must have nullified the other.

Dr. Canniff reported a case of placenta prævia with hemorrhage which occurred suddenly on rising from tea. On making a digital examination the placenta could be felt to the right of the os uteri. Labor pains came on at midnight, and delivery followed in due course, without a recurrence of the hemorrhage.

Dr. Cameron said he lately had a case under his care which simulated placenta prævia. The woman rose at night to urinate, and half a chamber full of blood was passed. Examination failed to discover any evidence of placental presentation. Delivery took place next morning without any untoward symptoms.

Dr. Cameron then read a very practical and exhaustive paper upon fractures of the os innominatum.

Dr. Oldright referred to a case of fracture of the ilium seen in the surgical class when a student.

Dr. A. H. Wright said that most of the cases he had seen were the result of railway and other injuries of a severe character, and usually terminated fatally. He believed that fracture of this bone often passed unrecognized. In his own case, lately reported, though the bone was broken into many pieces, only fracture of the ramus was discovered with certainty, and yet if the spine had not been injured the girl would probably have recovered. He thought the treatment should be rest in the most comfortable position.

Dr. Nevitt asked if any further evidence existed to support the statement of Dr. Neill, of Philadelphia, that callus is deposited only on the outer surface of this bone during union after fracture.

Dr. Cameron said the statement was based on the condition found in Neill's Cabinet specimens, and he knew of no corroborative evidence save that furnished by analogy, that in other flat bones callus is often found only on the external surface.

Dr. McFarlane reported a case of fracture extending across the face, caused by impaction between the floor and a descending elevator in a warehouse in this city. The alveolar processes and hard palate were movable *en masse*. Favourable progress has been made in the case, the parts being simply maintained in position by a bandage passed under the chin, as is done in fracture of the lower jaw.

On motion, a committee consisting of Drs. Workman, Nevitt and McPhedran was appointed to report on the expediency of establishing, under the auspices of this society, a directory for nurses.

Stated meeting November 16th, 1882.

The President, Dr. George Wright, in the Chair.

Dr. Cameron showed a part of the ileum from a woman who died from bowel obstruction, symptoms of which existed for a week prior to death. She had a small femoral hernia, which was soft, dull and reducible within the saphenous opening, but not within the abdominal cavity. It was evidently omental and had no bearing on the symptoms present. There was severe pain in the epigastric region; vomiting was persistent, becoming stercoraceous 12 hours

before death. The symptoms not improving, the hernia was explored and found to be omental as anticipated. It was adherent, but there was no inflammatory trouble present.

P. M.—Pyloric orifice of the stomach contracted from a deposit, possibly syphilitic. The last few inches of the ileum were much contracted, so much so that water could scarcely be forced through it. The caput coli was much distended with fluid fæces. There was another contriction at the sigmoid flexure.

Dr. Cameron also showed the larynx and trachea from a woman, between 30 and 40 years of age, who died in the General Hospital. She was syphilitic. For about ten weeks she suffered from laryngeal trouble, expectorating pus and blood. Dyspnœa was severe at times, but in the intervals the breathing was easy. Anti-syphilitic and sedative treatment mitigated the symptoms, but in one of the attacks of dyspnœa she died suddenly from suffocation. Tracheotomy had been decided on the day before death, but was postponed in order that the students might be present to witness the operation.

P. M.—A carious cavity full of pus was found in the posterior part of the larynx, the cricoid cartilage being the seat of the disease. There were also a few ulcerated patches in the trachea.

Dr. Nevitt showed a ruptured stomach from a man injured in a workshop. The notes of the cases appeared in full in the December number of the *Journal*.

Dr. Geo. Wright showed part of the spine from a man who was injured on the railway. There was a good deal of shock. The lower extremities were partially paralyzed; the paralysis became complete a few hours after the injury. The bladder was also paralyzed, and consequently there was retention of urine. Death took place suddenly next morning.

P. M.—There was great infiltration of the soft tissues about the seat of injury and of the psoae muscles. The spinous processes of the 10th, 11th and 12th dorsal vertebræ were fractured, as well as the laminæ, and the spinal cord was lacerated.

The report of the committee appointed at last meeting was read, recommending the establishment of a directory for nurses, and suggesting a plan for giving effect to the report. On motion, the report was unanimously adopted, and the committee re-appointed to give effect to the suggestions of the report.

RIDEAU AND BATHURST MEDICAL ASSOCIATION.

The winter meeting of this Association was held in Ottawa on the 17th January. At 12 o'clock, the General Hospital was visited, and at 1 p.m. the County Hospital, the attending surgeons being present to point out cases of interest and explain the working of the institutions. At 2 o'clock, the members assembled in the City Hall, there being present Dr. Cranston, Arnprior, President; Dr. Baird, Pakenham; Dr. Groves, Carp; Dr. Scott, Hazeldean; Dr. McFarlane, Almonte; Dr. Stevenson, Chelsea; Drs. Wallace and Fraser, Metcalf; Drs. Bell and Wilson, New Edinburgh; and Drs. Hill, Sweetland, Grant, S. Wright, H. P. Wright, Robillard, Baptie, Prevost, Powell, McDougall, Mark, Malloch, Cousens, Church, Horsey and Henderson, Ottawa; Dr. Bentley, Winnipeg; and Small, (Secretary). After the reading and confirmation of the minutes of last meeting, held at Smith's Falls, Dr. Cranston read an address and a paper on the "Treatment of Fractures." Dr. Sweetland then made some remarks upon the Provincial Board of Health recently organized in Ontario. He eulogized at length the work it was accomplishing, and moved, "That this Association approve of the system adopted by the Provincial Board of Health, and endeavour to promote its objects by rendering all the assistance in the power of its members." This resolution was seconded by Dr. Robillard, and carried unanimously. Dr. Powell also spoke favourably of the system of statistics now in force. Dr. Grant then read a paper on Pleuritis, the discussion on which was opened by Dr. Prevost, and became general. Dr. Horsey, Vice-President, presented a paper on Counter-Irritation, and Dr. Baird, one on Hæmaturia.

In the evening, the city members entertained the visitors at dinner at the Royal Exchange, under the Chairmanship of Dr. Robillard, President of the Ottawa Medico Chirurgical Society. A new form of toast was introduced—"Our Dominion and its Sanitary Matters." The utmost conviviality and goodfellowship prevailed throughout; and both Convention and dinner were pronounced to be the most successful so far held. The next meeting will be at Arnprior in June.

Correspondence.

To the Editor of the Canadian Practitioner.

Dear Sir,—In looking over a late number of your Canadian Practitioner, of the report of the delegation on vital statistics and health matters in Ottawa, I was struck with an inaccuracy in the reporting, which, I think, could not have been intended. See quotation: "Ald. Mooney was obliged to leave for home, and Dr. Playter *offered* to relieve him of his duties as chairman." It *should* have been, "Ald. Mooney *requested* Dr. Playter to relieve him of his duties as chairman, as he, Ald. M., was obliged to leave for home."

Dr. Playter *hesitated* and did not desire to take the chair, unless it were the wish of the meeting that he should do so.

I deem it only fair to make you aware that I noticed the incorrect reporting. *I like accuracy.*

Yours very truly, J. H. Mooney.
Montreal, Jan. 10, 1883.

[On enquiry, it seems that three of the delegates to Ottawa got the same impression as our reporter; but from Dr. Playter's statement it appears that Ald. Mooney had previously arranged with him to take the chair, and that, when Mr. Mooney rose to vacate the chair, Dr. Playter's signification of his willingness to acquiesce in that arrangement was misinterpreted as a suggestion.—Eds.]

To the Editors of the Practitioner.

Gentlemen,—In the last number of your journal, referring to the late Medical School trouble at Kingston, you animadvert with great severity in more than one editorial, on what you call the "*astounding offer*" made by Trinity, to receive the students supposed to have left Kingston, for "*half fees.*" As a matter of fact, no such offer was ever made, or even contemplated. The Trinity School authorities were very sorry that trouble of any kind existed at Kingston, and were very glad to learn that it was all quietly settled without a single student leaving. Moreover, had any members of the class left and joined Trinity School, they would not have saved a *single dollar* of fees by doing so. John Fraser,
Sec. Trinity Med. School.
Toronto, Jan. 19th, 1883.

Married.

Milne—Kinsman.—At the Wesleyan Church, Victoria, B.C., on Wednesday, Dec. 6th, 1882, by the Rev. Coverdale Watson, G. L. Milne, M.D., C.M., to Ellen C. Kinsman, daughter of John Kinsman, Esq. All of Victoria, British Columbia.

Kittson—O'Reilly.—At Christ Church Cathedral, Hamilton, on 24th January, by the Rev. C. H. Mockridge, D.D., Rector, E. Graves Kittson, M.D., Winnipeg, Manitoba, to Alice Henrietta, youngest daughter of the late Gerald O'Reilly, M.D., Hamilton.

Machell—Robinson.—At Aurora, on the 17th January, by the Rev. A. Musson, M.A., Rector of Trinity Church, Arthur G. Machell, M.B., L.R.C.P., Edin,, to Louisa E., second daughter of A. Robinson, Esq., of Aurora.

OBITUARY.

DR. THOMAS PYNE.

Among the best known and most highly respected physicians of Ontario, was the late Dr. Pyne. He was born in Waterford, Ireland, where he practised a few years after graduating. He then came to America, and remained a short time in the State of Illinois. From there he went to Newmarket, Ont., where he practised fifteen years, after which he removed to Hagarsville. While there he represented the Erie and Niagara Division in the Medical Council from 1869 to 1872. In the latter year he was appointed Registrar of the Council, which position he held until 1880. After his resignation the Council, partly in appreciation of his services, elected his son, Dr. R. A. Pyne, to the position by an unanimous vote. He lived recently in comparative retirement in the County of Huron. His death, which took place on the 2nd of January, was caused by a carbuncle, situated over the sacrum. He was 70 years of age.

THE

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Original Communications.

VIVISECTION.

BY MR. C. M. FOSTER.

(Read before the Toronto School of Medicine Medical Society, 16th Feb., 1883.)

Mr. President and Gentlemen :—Vivisection is not a subject which should require a lengthy or detailed introduction in a meeting like the present.

I propose to take up the subject simply in so far as it bears upon the practical details of our profession ; my object being to show how intimate is the relation between experimental observations and practical medicine and surgery. That object will be fully accomplished if I am able to bring before you facts which will prove conclusively the position I have taken, viz., that vivisection forms one of the great foundations upon which rest the facts of the practical medicine and surgery of to-day. And, further, that the future of this, the greatest and noblest of the sciences, must depend greatly upon this method of research.

The relations which such methods of observation bear to the varied and numerous clinical details of hospital and private practice, whether surgical or medical, I take to be of considerable importance to every student of medicine, be he the experienced practitioner or the still unfledged " M.D."

Objections have been raised from time to time to the term Vivisection, as being not sufficiently comprehensive for the requirements of so wide a field of research. That which has been offered as a substitute, viz., "experimental physiology," may be accepted, I think, as fully meeting these requirements.

By it I do not include the performance of operations, simple and otherwise, upon living animals solely for the purpose of giving manual dexterity to the operator. This may, to a certain limited extent, and applied to special cases, be justifiable, but certainly not to the extent practised by the Alexandrian School, which numbered among its more illustrious members, Erasistratus and Herophilus ; and still later in France, by Brachet, Magendie, and others.

Vivisection embraces operations upon living animals, made with the view of increasing our physiological knowledge, and establishing upon a firmer foundation every physiological principle which remains in any uncertainty. It also embraces experiments made for the purpose of ascertaining the action of drugs upon the different systems of the animal economy. In fact, any experiment which can in any way help us on to the ultimate object of Vivisection, viz., the saving and prolonging of human and animal life, and the alleviation of suffering, may be included under this title.

This broad field has formed, in years past, the battle-ground of repeated conflicts between light and darkness, science and ignorance ; and in the future we may expect still more vigorous efforts on the part of the profession, to turn the tide of unreasoning popular prejudice, bearing in its foremost ranks some of the most prominent members of the legal profession, who,

however, mindful of the rights of the individual, and of the State, are woefully blind to the needs of suffering humanity.

That these men, members, as Prof. Burney Yeo has so aptly termed them, of "The Society for the Maintenance of Darkness," will finally be overcome, and made to understand the great wrong they are undoubtedly inflicting upon their fellows, I feel fully convinced. That the time may not be far distant is the hope of every earnest worker in the field of medical science.

There are many such workers scattered over the continents of Europe and America, and upon the shoulders of these must the burden of the work now rest. It is a cause for deep regret, that those who have contributed so much to bring our science to its present high position, should be shut out from that which has been their life's work, a work which has for its single object the saving of human life and the alleviation of human suffering. That these men, among whom are the most benevolent and philanthropic men living, should be hampered and retarded by a set of provisions, alike remarkable for their quibbling exclusiveness and their ignorant hostility, seems almost incredible. Whether or not those who oppose Vivisection are capable of appreciating the discovery of the circulation of the blood appears to be doubtful; judging from their apparent knowledge of physiology, which in some cases is simply a mass of limited and confused ideas, and in the vast majority absolutely nil, I should say they were not.

That incomparable discovery of Harvey, made in the year 1616, completely revolutionised the whole fabric of Physiology, which had hitherto rested upon the most erroneous theories; it led up to the further elaboration of the various functions and relations of the respiratory and circulatory systems, and formed the starting point of a new epoch of Physiological Science, as far removed from that which had gone before it as the day is from the night.

And this discovery, in all its details, was the outcome of experiments upon living animals; but before proceeding to show that this was the case, let us look for a few moments at the state of things prior to Harvey's discovery.

Dating back from Harvey to Galen we have a distinct period, during which, Physiology remained in some respects almost at a standstill.

Galen, who lived about the year 160 A.D., forms the most prominent landmark in Medical History during those times; he was a most earnest and scientific worker, and gained a great part of his physiological knowledge by numerous and careful vivisections.

The erroneous and in some cases mysterious views which were held by this celebrated physician are too well known to demand more than a passing reminder, for the purpose of showing how these have been entirely overthrown by vivisectional experiments.

The slow and laboured ascent from the ἔμφυτον θερμον of Hippocrates up to the πνευμα or "Ethereal Spirit" of Galen, and from thence up to the present high standard of Medical Science, can only be followed and appreciated by a careful study of the History of Medicine from the earliest times to the present day.

After Galen came Servetus, Vesalius, Columbus, Cesalpini, whose numerous experiments added somewhat to the original doctrines of their predecessor; but they were all, nevertheless, completely in the dark as to the true course of the circulation, although some among them, more especially Servetus, came comparatively near the mark.

It was only by a very large number of vivisections that Harvey was able to elaborate and establish upon a firm and impregnable foundation his great discovery; as he says himself, "It was only by daily diligence in vivisection on a variety of animals that he thought he had obtained the truth."

The following quotation from Harvey: "On the Motion of the Heart and Blood in Animals" is given by Professor Rutherford in one of his lectures, and is at once decisive and significant. He says, "It is plain that what has heretofore been said," referring to the theories of Galen, and those who had preceded him" concerning the motion and function of the heart and arteries must appear obscure, or inconsistent or even impossible, to him who carefully considers the entire subject; it will be proper to look more narrowly into the matter; to contemplate the motion of the heart and arteries, not only in man, but in all animals that have hearts; and, further, by frequent appeals to vivisection, to investigate and endeavour to find the truth." These experiments were made upon dogs, toads, frogs, serpents, fish, crabs, and also upon a variety of other animals; by means of these experiments he was enabled to upset completely the erroneous views of Galen, to prove clearly and with certainty the true action of the pulse, to show the absurdity of the old theory of air passing from the lungs into the blood to be distributed over the body, and above all to demonstrate beyond a doubt the true course of the circulation of the blood.

The following simple experiment convinced him that the blood flows in an unceasing circle, and at once threw light upon the whole subject:—By opening one of the small arteries, he was able to drain away all the blood, to use his own words, "of the veins as well as that of the arteries, in the course of half an hour or so."

The experiments of the Reverend Stephen Hales, of Faringdon, who followed closely in the footsteps of Harvey, established the pressure of the blood in the veins and arteries; he made use of different animals, among others, the horse; long glass tubes were inserted into the vessel of which the blood pressure was to be determined, and from the height of the column of mercury supported, the pressure was obtained. The experiment may be repeated with facility by means of any of the simpler manometers commonly used for that purpose, or by the more delicate spring manometer of Fick.

Look for one moment at the discovery of the lymphatics and lacteals. Gaspard Aselli, while performing an experiment upon a dog, the mesentery having been exposed, noticed "a number of very fine white cords scattered over the whole mesentery, and spreading over the intestines by means of an infinite number of delicate rootlets;" piercing one of these a milk-white fluid escaped, revealing to him what had never before been discovered; the views on this subject being at that time incorrect and in a state of mystical confusion. On seeing the result of the puncture made on one of these rootlets, which he at first imagined to be nerves, he says, in his description of the experiment: "At this sight I could not restrain my joy, and, with Archimedes crying *Ευρηκα!* invited those present to enjoy the spectacle, which was so wonderful and unique that it struck them all with astonishment."

This branch of physiology received another important addition from the experiments of Jean Pecquet, who, while conducting an experiment having for its object some point in connection with the action of the heart, discovered that by "pressing on the lacteals of the mesentery of an animal whose blood was still pretty warm, and whose lacteals were not yet exhausted," he caused the lacteal fluid to pass up the thoracic duct, and thence into the subclavian vein, dropping from the descending vena cava, which had been severed. This experiment was followed up by many others, by which the true nature, cause, and functions of these absorbent vessels were established.

All these facts, which have never been shaken, in spite of the hysterical outcries of the anti-vivisection party, point most unmistakably to Vivisection as the true fountain-head of the most important departments of physiology.

Is a knowledge of the true action of the pulse of no account to the physician? Is a knowledge of the blood pressure in the arteries and the veins useless in the treatment of disease?

Would the medical man be tolerated who held to-day that the views of Galen were correct? And yet there is every probability that we would all be talking about "ethereal spirit," and holding all the other erroneous theories of Galen and his followers, had experimental enquiry been totally abolished.

A knowledge of the true functions of the absorbent vessels cannot be over-estimated; by it we are enabled to make use of the hypodermic syringe, a diminutive little instrument, but one which has been the means of saving many lives; by it, also, much of the anxiety of ovariotomy, and other intra-abdominal operations involving the peritoneum, is removed. To it also do we owe the employment of cat-gut, which is universally used with remarkable success.

And yet, in the face of all this, we have all around us men and women perpetually declaiming on the "uselessness of Vivisection," and publishing violent tirades on the inhuman barbarities practised by those who perform experiments upon living animals. To such as these, no better answer can be given than that of the great experimenter Harvey. He writes: "There are some who say I have shown a vain glorious love of Vivisection, and who scoff at the introduction of frogs and serpents, flies and other lower animals, upon the scene, as a piece of puerile levity, and they do not hesitate to use opprobrious epithets. But to return evil-speaking with evil-speaking I hold to be unworthy in a philosopher and searcher of the truth. I believe I shall do better and more advisedly, if I meet so many indications of ill-breeding, with the light of faithful and conclusive observation. Detractors, murmurers, and writers filled with abuse, I resolved never to read them, satisfied that nothing solid or excellent, nothing but disagreeable terms, was to be expected from them, so have I held them still less worthy of an answer. Let them consume on their own ill-nature; let them go on railing until they are weary, if not ashamed."

The success which has been won by antiseptic surgery during the past few years gives it an honourable place in the ranks of those means which are essentially devoted to the saving of human life. This method of surgical treatment, by which I refer more especially to that form introduced by Professor Lister, and now called "Listerism," is based upon the results of a very large number of experiments conducted by Koch, Pasteur, Tyndall, Lister, and many others, and has for its object the prevention of those putrefactive changes produced in animal matter by organisms or bacteria, which exist in the air, or, in other words, the destruction of these organisms.

That the strong and fixed position which "Listerism" has obtained in the surgical treatment of wounds, depends entirely upon experimental observation, may be amply verified by consulting the works of any of the authors above mentioned; time does not permit of my doing anything like justice to this part of the subject; but the results of this form of treatment are too great and convincing to go unmentioned, even although this can be done but very imperfectly. Prof. Keith in his pamphlet "Ovariotomy before and after Antiseptics," published in 1878, says:—"Ovariotomy is not the operation it was 15 or 16 years ago—or even 2 years ago. The best results in the old way were difficult to get, and no one knows, but who has experienced it, the anxiety and weariness of spirit with which the struggle against the blood poison was carried on in the early days of ovariotomy. It is something to think that no one will again have to suffer these experiences in the same degree, and it almost makes one envy the younger ovariotomists to whom the way in these days is made so easy. Now there is a feeling of confidence and security; the constant fret and worry to

get chemical cleanliness in one's hands, in the surroundings of the patient and her attendants, has passed away."

Dr. West, in his work on the "Diseases of Women," speaks of ovariotomy as it is now performed, as an operation, "holding out a prospect, and a daily brightening prospect of escape from a painful and inevitable death, which at last, indeed, becomes welcome, only because the road that leads to it conducts the patient through such utter misery." Of 84 cases, all private patients, before the use of antiseptics, Spencer Wells had 21 deaths; another series of 84 cases, also private patients, in which Lister's treatment was carried out, there were only 6 deaths. In his last 41 ovariotomies, published in 1880, there were no deaths. Prof. Keith's latest results are still more remarkable, showing a percentage of less than three per cent.

The discovery of the vaso-motor system of nerves was entirely due to experiments upon living animals. By dividing the sympathetic nerve on one side of the neck of a rabbit, Bernard noticed that the vessels on that side became dilated, and a stimulus applied to the divided nerve caused them to contract again.

Connected with the discovery of the motor and sensory nerves and the laws of reflex actions, stand such names as Sir Charles Bell, Müller, Magendie, and Marshall Hall, whose experimental observations have contributed in no small degree to the making of that most important branch of medicine, Neurology. Without the knowledge we have gained by these experiments, our treatment of nervous diseases would be utterly valueless.

The experiments of Bernard and other observers seem to indicate a causative relation between lesions of the central nervous system and diabetes mellitus; pathological observations in not a few cases corroborate this relation, but inasmuch as cases frequently occur where no lesion whatever of the brain can be detected, we are not at liberty to accept any such relation as established; although it may be possible, by recognising the results of Vivisection in this connection, to arrive at some more successful plan of treatment than has hitherto been adopted in this obstinate disease.

Time will not permit of my taking up that part of the subject relating to the action of drugs upon animals, beyond pointing out that the wholesale assertions of those opposed to Vivisection, to the effect, that the action of drugs upon the lower animals is entirely different to that upon men, are both false and indicative of a remarkable degree of ignorance, especially in those who make a pretence of speaking upon so extensive a subject.

The character of the impression made upon different animals and man, by a given drug, is the same in each case, although, owing to the varying susceptibility of the different animals experimented on, the result may differ in each case, but a correct knowledge of the degree of organization of the same organ in each animal, will enable us to gauge the probable effect of the drug in each individual case.

Any of the works on Therapeutics will be found to contain ample and overwhelming contradiction to the statements of anti-vivisectionists on this point.

The transfusion of blood from one animal to another was first rendered practicable by the results obtained by experiments on dogs. Dr. Gamgee tells of the effect which a death from uterine hemorrhage had upon Dr. James Blundell, (1818), who felt convinced that transfusion would have saved the woman's life, but as such an operation had not been performed before, it was impossible for him to try its effect on the case before him; but after this he at once set to work to prove the correctness of his conviction, by bleeding a dog until life was almost extinct, and then injecting six ounces of blood from another dog. The effect was even greater than he

had any reason to expect; to use his own words, "So sudden and complete was the resuscitation, that the animal seemed rather to awaken from sleep than arise from apparent death."

That this operation has been the means of saving life, which would otherwise have been lost need hardly be insisted on.

The Hunterian operation for the cure of aneurism was the direct result of vivisection, obtained about the year 1785, by John Hunter, while conducting an experiment on a stag, the external carotid of one side having been tied, in order to see the effect upon the growth of the antler of that side. Contrary to his expectations, no derangement in the nutrition of the antler took place; and on killing the animal and carefully injecting the vessels, he found an abundant and well-developed collateral circulation, entirely obviating any deleterious effects which might have been expected from the ligation of so important an artery. Hunter very soon put this discovery to the test, operating upon the human subject, with such success that the treatment of aneurism became at once and completely freed from the ineffectual barbarities which had previously characterized it, *e. g.*, amputation of the limb and laying open of the sac.

While this branch of surgical art was still in its infancy, those who attempted the ligature of important vessels, were not satisfied to risk the lives entrusted to them until they had demonstrated to themselves the practicability and safety of the operation. Among these may be cited the names of Sir Astley Cooper, Abernethy, Travers, Jones, and Freer.

By experiments upon animals it was found that the twisting of the open mouths of cut vessels arrested the flow of blood from them, and by repeated and extensive experiments, the great value of torsion was fully established.

We all read with interest the reports of observations, involving the removal of portions of the intestine or stomach occupied by incurable or malignant disease. Such an operation would have been looked upon with horror and amazement by those who had not had the advantage of witnessing the experiments of Shipton and Travers. The success which has already attended these operations in the hands of Billroth, Czerny, Wölfler, and others, is sufficient recommendation to their performance, especially when we consider that the patient has no other alternative of escape from a certain and speedy death.

The production of gastric fistulæ in dogs rendered possible the carrying out of the operation by Czerny, of Heidelberg, in the case of a young woman, in whom the œsophagus had been destroyed by disease. There was nothing before her but a slow and lingering death, which would undoubtedly have taken place had not the knowledge gained by Vivisection stepped in and guided the hand of the surgeon. The result was a perfect success; the woman rapidly gaining strength and weight after the operation, and is now, in every respect, in the best of health.

Having looked at a few of the results of vivisection, and seen what an important part they bear on everyday practice, it may be asked, upon what grounds do the anti-vivisectionists base their opposition? About four or five years ago, when there was considerable agitation in reference to vivisection, a large number of articles and letters appeared in the different magazines and daily papers; the greater part of these letters demanded the total abolition of what they all styled a barbarous and inhuman practice. Many, it need hardly be said, were the ludicrous explosions of ignorant sentimentality; others came from surgeons; a series of letters to one of the London daily papers originating from a London surgeon may give us an idea as to the general tenor of the rest.

Speaking of those who perform experiments upon animals, he says:—

"Each fact these wretches say they wish to prove on animals, by cruelty, was known to me just forty years ago. They all were published, proved beyond all doubt, and had been proved for years, when I then commenced to study my profession; and, being facts, they have stood all tests since then, and still are acted on; the falseness, therefore, of such a plea must be apparent. No torture at the stake, no atrocities by Indians, nothing that I have ever read or heard of in the annals of cruelty, can equal them.—Fiendish in their finish, merciless in their manner, and unpitying in their detail, such experiments make one's blood run cold, and cause a creep and shudder.

"It seems incredible that this loathsome business, which would disgrace the lowest type of savages, should be carried on in a Christian country, by persons of education, who are daily entrusted with the treatment of men, women, and children, helpless through illness." The writer goes on to picture in highly-coloured flights of imagination, the writhing forms of cats, dogs, and birds, which these merciless men will have before their eyes, when on their death-beds; and becoming still more excited he exclaims, "It is all most horrible! Brutal beyond conception, useless beyond belief—the construction of animals being so widely different from that of the human body; not one day longer should the base thing be!"

Such remarks, looked at in the light of Medical Science, cannot but call forth pity and contempt; but, nevertheless, it should not be forgotten that these and other letters of like tendency and absurdity, exert no inconsiderable degree of influence upon the public, who, worked up by them, eagerly flock to sign petitions to Parliament, for the abolition of vivisection, or in other words, to effectually retard the further progress of the Healing Art.

It would seem that the natural and inherent striving after the wonderful and the mysterious, which is so especially characteristic of the ignorant and the sentimental, operates in the case of these virtuous agitators—whether they see it or not. Their principles, if adopted in the past, would have kept us still in the age of alchemy and astrological magic; probably would have found us still the firm believers in the chiromancy of plants, by which, for example, caudate leaves were a certain indication of cardiac disease; or possibly homœopathic traders gravely dispensing worthless infinitesimals, a practice which is nothing more nor less than a modern form of Paracelsian mysticism.

An article in the *Nineteenth Century* for February, 1882, on "The Uselessness of Vivisection," by Mrs. Algernon Kingsford, M.D., contains the following remark:—"The writings both of Harvey and of Servetus, prove incontestably that vivisectional experiment served neither as a basis nor as a means of necessary elucidation in the development of Harvey's teaching." How can such a positive assertion be explained, in the face of what we have already seen to be Harvey's own words?

The most charitable supposition is that the writer is totally ignorant of the History of Medicine; another explanation might be the blinding effect of fanatical zeal, entirely suspending calm argumentative consideration of the subject, however much the writer may know to the contrary.

The last great achievement of experimental Pathology has been the discovery of the specific organism of Phthisis, or the bacillus tuberculosis, made by the accurate and exhaustive experiments of Koch and Baumgarten.

The infectiveness of tubercle has been made the subject of experiment for many years by different experimental observers, of whom the following may be mentioned: Buhl, Villemin, Chauveau, and Creighton. Dr. Martin, of Paris, also made a number of experiments upon guinea-pigs, clearly proving that the injection of tubercular matter into the peritoneal cavity gave rise to a true tubercular condition; while in

those animals in which non-tubercular matter was employed no true tubercular lesion resulted. Experiments made upon dogs, causing a certain number to inhale phthisical sputa, while others inhaled non-tubercular matter, gave results similar to those obtained in the case of the guinea-pigs.

It would be impossible and also unnecessary in a paper like the present, to give anything like a minute description of those careful and delicate experiments by which Koch was enabled to demonstrate the bacilli of tubercle, suffice it to say, that they appear to point most conclusively to these micro-organisms as the true exciting cause of this formidable disease. The weight and intrinsic value of these experiments have not I believe been in any way shaken by the different attacks made upon them.

Dr. H. D. Schmidt's view, that these bacilli are nothing more than fat-crystals has been fully negatived by different observers, among others by Dr. Hirschfelder, of San Francisco.

If by this discovery we are given any practical indications for the successful treatment of phthisis; if by it we are enabled to save a single sufferer from certain death, then these experiments have not been in vain; and that these indications are given appears indisputable; that they will daily become more valuable seems also probable, as our methods of treatment become increased and improved, based upon a knowledge of the true etiology of the disease.

In concluding this paper, which has I fear far exceeded the limits of your patience, I must express the hope that the main object which it had in view has been accomplished, namely, the conclusive demonstration of the intimate relation which exists between experimental observation and practical medicine.

There are 10,500 insane locked up in the State of New York.

NOTES OF A CLINICAL DEMONSTRATION OF DISEASES OF THE SKIN.

(Given at the Montreal Dispensary.)

BY R. L. MACDONNELL, M.D.,

(During the Summer Session of McGill University, 1882).

I have brought together for your benefit some six or eight cases of skin disease, which have been under treatment lately in this institution. We shall examine them together:

Acne.—Here is a young man, tall and apparently strong, who has been a patient here for some weeks. On the side of his nose and about his forehead you see several elevated pustules, which have been appearing ever since he began taking the bottle which he has brought to-day to get filled. He is an epileptic, and you will no doubt recognize the condition of his face as that of acne artificialis. Bromide of potash tends to produce, in some patients, an inflammation of the sebaceous follicles, and, when allowed to continue, bromide eruption often extends to other parts; arms, legs, trunk, and scalp, being sometimes attacked. A similar eruption sometimes follows the use of iodide of potassium, or the local application of tar.

Dermato-Syphilis.—A very large proportion of the skin cases we meet with here belong to the class of syphilides. There is no special skin disease belonging to syphilis. It merely imitates other diseases.* But it is a matter of the greatest import to have this question settled. Is it syphilis? What then are the points about an eruption which would lead you to suppose that it was a syphilide you had to deal with? Briefly, they are as follows: 1, A history of primary syphilis, or evidences of previous disease, such as nodes on the bones, dark-coloured, isolated cicatrices, especially on the trunk and upper extremities; 2, symmetrical dis-

* "Syphilis has, strictly speaking, no skin disease of its own. Syphilis, when it displays itself on the skin, appears there as an imitator—an imitator of the greatest subtlety, capable of representing any form of cutaneous eruption. * * * It rarely, however, imitates urticaria, and still more rarely herpes."

position of the eruption; 3, copper colour; 4, serpiginous form of the diseased surface; 5, thick, dark, greenish crusts; 6, usually absence of pain and itching.

These are the more common points necessary for us to look out for. Syphilis or no syphilis? That is the question. As to its being acne, ecthyma, or psoriasis, that is a matter of secondary importance. To exemplify matters, look at this man. He is forty years old, strong and muscular. Two months ago he made his appearance here, and showed a large raised tubercular patch on his forehead, which was about two inches in diameter. This eruption had appeared eight months ago, and had resisted local treatment. It was of dark maroon colour, serpiginous in form, and it gave rise neither to pain nor itching. He says he had a chancre nine years ago. It was hard and dry, and remained on the glans for some time. He had no suppurating bubo. That is fair evidence of primary syphilis. As to secondary symptoms—but let me first enumerate the more common symptoms of the secondary stage. Many of you are not senior students, and are, perhaps, not familiar with the list. 1, Eruptions, not of a special sort, but the ordinary non-specific ones; *plus* a special syphilitic stamp; 2, the syphilitic sore throat; 3, the glandular enlargement; 4, the mucous patches; 5, loss of hair; 6, iritis; 7, periostitis. Our patient seems to have run the gauntlet of this formidable array with fair success. He remembers that it was about eighteen months after the appearance of the chancre that he began to get bald. His head, as you see, is now quite smooth, and his eyebrows are almost gone.

Three years ago, he says, he began to suffer pain in his shin bones, and the pain was always worse at night. Pains in the bones, worse at night, are more than highly suspicious, and, at all events, call for iodide of potash. This pain is due to periostitis, and periostitis is nearly always connected with syphilis. Periostitis usually leaves its mark upon the tibia. Now, he tells us that the seat of the pain on his shin became swollen, and the skin broke, and matter was discharged for some time from the wound. Look at his shins. On both there are small nodes, and upon the left tibia you see this large scar. Compare its colour with that of the penny you see in my hand. Now, that he is stripped, notice the large copper-coloured, horseshoe-shaped scar over his right deltoid. This is a particularly strong link in the chain of evidence. The original ulcer was probably the result of a broken-down tuberculous eruption. Scars on the arms and trunk, not caused by burns or injuries, are always suspicious.

This man has been taking a drachm of iodide of potash in the day, and the eruption on the forehead is disappearing, though slowly.

Our next patient, William D., aged 30, presents a good example of the squamous syphilide. He has been the subject of infantile paralysis, which has dwarfed the left side of his body. Twice he has had chancres. In '76 he had a single one, but cannot remember having suffered from any one of the secondary effects. In '79 he had several chancres. Three months afterwards he noticed an eruption on his right elbow, which soon showed itself on the other elbow and both knees. Six months ago a node formed on the left tibia, and is there still.

Now, this eruption before us is symmetrical. It is on both elbows and both knees, the favourite site of psoriasis. It never pained nor itched. He did not come to the Dispensary about the eruption, he came about the node.

When we strip him we find that on the inside of the left knee there is a scaly eruption, serpiginous in outline, brownish red in colour. It is psoriasis; and we are justified from the history he gives us, as well as from what we see for ourselves, in saying that it is of syphilitic origin.

He has been taking iodide of mercury; and those of you who have been following

the case have perceived how much smaller and softer this node has become.

The complexion of a syphilitic patient is in many cases of a peculiarly pale and muddy appearance, easy to recognize, but difficult to describe. This young woman, Mrs. B., is a good example. She is 32 years old, eight years married. Had one miscarriage, but no children. I take it for granted that you are aware of the effects of syphilis upon reproduction.

A month ago she made her appearance here with a tubercular thickening of the skin of the forehead, horseshoe-shape in outline, presenting here and there prominences which looked as if they would soon ulcerate. She suffered greatly from pains in the shin bones, worse at night.

Iodide of potash, in ten grain doses, at once gave relief, and the eruption on the forehead disappeared. I call her in merely to let you see an example of the muddy complexion of syphilis.

Psoriasis.—Of this disease here are two cases. The first, that of Mrs. B., is one of old standing.* She has been brought here to show you the result of the use of chrysophanic acid (gr. xx ad ʒ j.) ointment. She had patches all over her body, knees, elbows, abdomen, chest, scalp, and neck. Her skin is quite clear now; in a few months the eruption will re-appear.

In this second case of psoriasis, pyrogallic acid ointment (gr. xx. ad ʒ j.) has been applied. The disease shows itself about both knees, and is aggravated by the varicose condition of the veins of the leg. The patches are white and silvery. It is in irregularly disposed patches, like the spattering of soft mortar thrown against a wall; and the elbows are in the same condition. Compare the appearance of this bright, shiny, non-specific psoriasis with the dull, reddish-brown tint the patches present in the case of William D. This woman requires rest in bed to restore the equilibrium of the circulation in the lower extremities.

* *Canada Medical and Surgical Journal*, Vol. x., p. 597.

Chronic Eczema.—This girl is general servant in a large family. Her hands and arms are constantly in water. She has had this eruption for eleven years. It extends over the back of the hands, between the fingers, and over the flexor aspect of both forearms. At times it becomes very painful and weeps. It is always itchy. A cluster of vesicles are seen here and there on the skin, as well as the scabs formed by those which have broken. The cuticle, too, is rough and thickened. She has found out herself that her hands are better when they are not constantly wetted. This is a case of chronic eczema. Its characteristics, as seen in this case, are the constant weeping and itching. The former being the result of effusion into the papillary layer of the skin forcing itself to the surface. The following ointment is being used with very good result: *R.* Olei Olive, ʒ ii, Emp Plumbi, ʒ j. Olei Lavandulæ m xii. To be applied on lint covered by gutta percha tissue, and retained in place by a bandage from the fingers to the elbow.

She is also taking Fowler's Solution, which contains gr. 1/24 of arsenious acid to each dose of five minims. Arsenic is thought to give good results in chronic cases. It should be given after food.

This patient is the sister of William D. A second sister is under treatment for eczema of the hands.

TORONTO GENERAL HOSPITAL.

A CASE OF SPINAL CONGESTION—UNDER THE CARE OF DR. A. H. WRIGHT.

Reported by Mr. J. W. Patterson, M.A.

Wm. Batty, bachelor, aet. 39, a butcher, born in England, and been in Canada five months. Previous to this attack he has never had any illness except childhood's diseases; constitution has always been good; habits have been regular; never exposed to any hardships; family history good.

November 22nd, 1882—Got his feet wet, and did not dry them for several hours; felt chilly in consequence; but noticed no other immediate effect.

November 26th—Complained of a feeling of tingling in feet and hands, and sensation of numbness. He soon noticed a decrease of sensation in all the limbs, and a loss of power of locomotion. These symptoms increased until November 29th, when he could no longer walk, and was brought to the Hospital, November 30th.

At this time he could not walk at all, and with the greatest difficulty moved himself about in bed; very weak grip in the hands, especially the left one; sensation much impaired, and rather more so on left side. This loss of sensation was found to extend from the fingers and toes up to middle of the arms and thighs respectively. Over this same area he complains of the feeling of tingling and numbness. Slight pain and tenderness in the back, over lumbar region; pulse and respiration slightly quickened; examination of internal organs gave negative results.

Diagnosis—Spinal congestion; prognosis favourable.

Treatment—Ext. Fl. Ergotæ, ʒ i every six hours.

December 2nd—Sensation of limbs and grip of hands noticeably improved.

December 6th—Complains of pains from lower part of neck extending down the arms, and from lumbar region extending down the thighs.

December 10th—Pot. brom. added to ergot.

December 18th—Has been gradually improving, and to-day walked without any support a distance of ten or twelve feet and back again. Sensation almost normal.

Jan. 4th—Patient sufficiently improved to walk about the ward, and sit up in chair for a short time.

Jan. 29th.—Has been steadily improving. Treatment changed to a tonic of Citrate of Iron and Quinine and Tr. Calumba.

February 5th—Patient left the Hospital cured.

OVARIOTOMY.

L. M'FARLANE, M.B.
(Surgeon to the Toronto General Hospital.)

Miss B., aged 25, sewing girl, noticed an enlargement of the abdomen some time in February, 1882. Having previously suffered from slight pains in the region of the left ovary, although not so severe as to prevent her from continuing her work. During the months of June and July the tumour grew very rapidly, and about the beginning of August she consulted Dr. McCollum, who pronounced it an ovarian tumour, and asked me to see the case with him. I did so, and after a careful examination concurred in his opinion as to its nature and the advisability of an operation. As she had for a few weeks suffered from distress in breathing and loss of sleep, we decided to tap and give her an opportunity to recruit her health before operating. The tapping diminished the size of the tumour to a slight extent and confirmed our diagnoses as to its multilocular character.

On the 5th of September, I was, through the kindness of my friend Dr. McCollum, permitted to operate, being ably assisted by himself and Drs. Strange and Nevitt. An incision was made in the median line of the abdomen, extending from the pubes to the umbilicus, and after the tumour was tapped and its fluid contents removed, I found the opening in the abdomen was not sufficiently large to allow its withdrawal. I therefore extended the incision to the left of the umbilicus to near the ensiform cartilage. The tumour was firmly adherent to the abdominal wall around and to the right of the umbilicus, also to the fundus of the uterus. These being broken down it was removed and the pedicle secured by a double ligature. A further examination revealed the fact that the right ovary was undergoing cystic degeneration, and consequently it was ligatured and removed. The ligatures from both being brought out through the lower part of the opening in the abdominal wall, thus serving as a drainage tube.

The hæmorrhage from the fundus of the uterus was so persistent as to require the application of the cautery at a black heat to control it. After all hæmorrhage had ceased and the abdomen thoroughly washed out, the external wound was brought together by means of deep sutures embracing the peritoneum. The patient went on to convalesence without an unfavourable symptom, the temperature did not at any time rise above 100°.

The tumour and its contents weighed twenty-six pounds.

Remarks.—The case is of interest from the rapidity of its growth, and from the difficulty in reaching the tumour through the vagina and rectum, in consequence of the points of attachment to the fundus of the uterus and abdominal wall which prevented it from dropping into the pelvis, also from the fact that no antiseptic precautions were observed other than cleanliness.

Selections: Medicine.

The Hygienic Treatment of Albuminuria.—The importance of hygiene in the treatment of Bright's disease has been recognized by all authorities upon the subject. The most recent important contribution to the subject is that by Senator in an address before the Berlin Medical Society, *Berliner Klinische Wochenschrift*, No. 49). He does not regard the loss of albumen as the most serious feature in the case, but it is important in so far as it aids our prognosis by indicating the amount of structural change suffered by the kidney. As regards the treatment of albuminuria, Senator points out the general uselessness of drugs in this regard, and dwells particularly upon the imperative importance of hygienic questions. With reference to feeding, the need of frequent rather than full meals is mentioned. As regards the choice of food, eggs and meat should be given sparingly. Lichtheim has pointed out that the use of food rich in proteids may lead to an increase of the urea in the blood, with its possible consequences. Fleischer has proved the same for phosphoric acid, and Senator, by induction, extends the idea so as to include the other end-products of the metabolism of proteid bodies. In consideration of the inability of the diseased kidneys to separate and remove these waste products, he recommends the use of meat poor in albumen,—veal, poultry, and white flesh generally, including fish; and the less albuminous vegetables are preferred, such as greens, salads, fruits, etc. The digestive powers of the individual must be taken into consideration, however, and the use of fatty elements will depend upon the patient's ability to assimilate them. Spirits and beer are interdicted, but red wine is usually allowed. Spices and strong aromatics should be avoided. Milk is especially valued as a diet, and may be associated with white bread as a milk cure. Mineral waters and baths are beneficial in some cases, the latter having their chief effect on the skin. Due care of the skin, bodily rest, and the value of fresh air are insisted upon; but, as much physical exercise is injurious, carriage exercise is the proper substitute. The good effect of a change of climate is often very noticeable, which is not attributable solely to change of air and water. In warmer regions there is an additional advantage observed in the fact that the diet is more vegetable than animal, and the southern dry climates, such as the Riviera or Cairo, are preferred.—*Medical Times and Gazette—Phila. Med. Times.*

Ammoniated chloroform, a new preservative fluid, recommended by Dr. B. W. Richardson, is prepared by mixing in equal amounts any given quantity of chloroform and strong ammonia. In a few minutes a clear liquid will rise to the top. This will be the part to use, and it may be poured into a bottle and preserved until needed.—*Louisville Med. Herald.*

THE PHYSIOLOGICAL ACTION OF THE SALTS OF SODIUM, AMMONIUM, AND POTASSIUM.—Sydney Ringer, having made some experiments upon the frog's heart isolated from the body, reports (*Lancet*, November 4) that the salts of sodium, ammonium, and potassium all arrest the ventricle in diastole, but differ in their mode of action. Potassium salts tend most markedly to arrest or suspend spontaneous contractions, although the heart may be proved contractile by suitable excitation. Ammonium salts show no such tendency: the heart beats often with increased frequency up to the very end,—*i.e.*, as long as contractility persists. Sodium salts are intermediate, but nearer potassium than ammonium. The sodium salts, however, show very little influence upon contractility, while potassium and sodium act with almost equal intensity. After the heart has been influenced by potassium salts, it very rapidly loses its power of responding to faradization. This does not occur at all, or only to a very slight extent, with the other bases. It is held that these effects are carried out in all the compounds of these bases, although they may vary in intensity. A certain relation between potassium, sodium, and ammonium salts is manifest, potassium standing first as most poisonous and threatening in two directions; ammonium coming next, its action being restricted to destruction of contractility; sodium coming last, and ranking as but very slightly poisonous comparatively with either. These experiments, indeed, would make potassium salts some fourteen or fifteen times as poisonous as sodium salts The bromide and chlorate of sodium are recommended as substitutes for the corresponding potassium compounds in many cases.—*Phila. Med. Times.*

TREATMENT OF ACUTE PNEUMONIA.—Remarkable results are reported by Riebeau-Schwartz from the use of iodide of potassium internally, and ice externally in acute pneumonia. — *Paris Med.* — *Phila. Med. Times.*

A PUPILLARY PHENOMENON OBSERVED IN CERTAIN MORBID CONDITIONS IN CHILDHOOD.—Dr. Parrot records in the *Revue de Médicine* for October, 1882, a number of observations made by him in regard to a reflex dilatation of the pupil, occurring in certain pathological conditions in young children. In these affections, dependent or not upon evident lesions of the nervous centres, accompanied or not by convulsions, but always by coma, if the skin of the epigastrium, or of any other part of the body be pinched, there follows a momentary dilatation of the pupil. Among the affections in which this phenomenon is observed are tubercular meningitis, hæmorrhage beneath the pia mater, some cases of chronic hydrocephalus, and certain other undefined conditions in which the contents of the cranium are increased out of proportion to its capacity. In other comatose conditions, usually without convulsions, there is no response of the pupils to even violent pinching of the integument. In these cases there may be œdema or marked congestion of the pia mater, but the factor of cerebral compression is absent. From his present observations the author is unable to determine the precise diagnostic or prognostic value of this phenomenon, but he formulates one conclusion, viz.: In a child in a comatose condition, whether there be convulsions or not, if the pupils do not respond to peripheral irritation in the manner indicated, we can exclude meningitis and hæmorrhage beneath the pia mater—the child is suffering from asphyxia and his death is imminent.—*N. Y. Med. Record.*

ABSCESS OF LIVER WITH ABSENCE OF HYPOCHONDRIASIS.—At the last meeting of the New York Academy of Medicine, Dr. Janeway reported a case of abscess of the liver in which there was no evidence of hypochondriasis. In a number of cases of hepatic abscess he had noticed the absence of hypochondriasis, and had come to regard its presence as exceptional instead of the rule.

Symptoms of Poisoning by Iodoform.—In view of professional responsibility attending the use of this agent, and the frequency of its application in gynæcological practice, we deem it proper to insert the following observations resulting from the experiments of Schede at the Hospital of Hamburg. The following are the toxic effects observed by Schede:-

1st. Increase of temperature, which rises to 104° F. and above, without appreciable cause.

2nd. Coincident with the fever a physical depression is manifested,—headache, loss of appetite, the breath bears the odor of iodoform, the pulse is frequent, small, soft, and very compressible. These symptoms cease with the cessation of employing this therapeutic agent.

3rd. The frequency of the pulse may rise to 150 to 180 pulsations per minute. Added to the first symptoms of inquietude is a fever, which becomes more and more intense; and if the use of the medicine is not discontinued, death may result. A sign of the gravest portent is the appearance of symptoms of acute meningitis or of depressive phenomena analogous to melancholia.—*Obstetric Gazette—Phila. Med. Times.*

Changes in the Deep Structures of the Eye in Liver Disease.—Litten (*Zentral für Augenheilk*) makes the following remarks:

1. In the various forms of liver disease which begin with jaundice, congested patches are often found in the retina, and even hæmorrhages.

2. In acute atrophy of the liver in cases of phosphorus poisoning, there are often in both eyes multiple points of hæmorrhage.

3. In two cases of liver cirrhosis, pigmentary degeneration of the retina was observed.

4. After puncture for ascites, optic neuritis sometimes ensues.

5. Hemeralopia appears occasionally during hypertrophic and atrophic cirrhosis of the liver, without visible organic change in the retina.

Coffee vs. Alcoholism.—F. P. Novaes, of Rio de Janeiro, advocates the habitual use of coffee as an antidote to alcoholism. He quotes from some remarks made by His Excellency, the Baron of Theresopolis, Vice-Director of the Faculty of Medicine of Rio de Janeiro: "In Brazil," he says, "where great quantities of coffee are used, and where all the inhabitants take it many times a day, alcoholism is completely unknown." Immigrants, with alcoholic proclivities, in time follow the customs of the people, and substitute coffee for alcohol, and their children never contract the fatal habits of their parents.

M. Novaes says further, that Brazilians alone know how to make coffee properly, which may have something to do with the number of *cafés* and their numerous patrons.—*Phil. Med. Times.*

Malignant Lymphoma.—Dr. Zesas, (*Wien. Med. Woch.*) speaks highly of the internal and local use of arsenic in this disease. He begins with small doses, increases to twenty minims of Fowler's solution. He also gives it hypodermically every day in different parts of the swelling. Reviewing this question he concludes:—

1. That Fowler's solution as a useful remedy in malignant lymphoma deserves full recognition; and

2. That poisoning need not be feared in the careful administration of the agent, even in large amounts.

Cotoin.—By P. Albertoni, (*Gaz. Med. Italiana.*) The following indications are pointed out for its use after an extended trial:—

1. In the very severe and pernicious diarrhœa, which occurs sometimes in the insane.

2. In simple chronic diarrhœa, in which cases the results were very happy.

3. In chronic diarrhœa, due to malaria, phthisis, and cachexia.

4. And in the diarrhœa of sucking children and those teething.

Valvular Insufficiency.—Prof. Drasche, (*Wien. Med. Woch.*,) gives good reasons for thinking that in many cases of regurgitation the valves are not really at fault. His opinion is that valves are quite normal, and would do their work well, were it not that other conditions prevent them. These conditions are:—

1. A swollen state of the parts in connection with the valves.

2. Shortened chordæ tendineæ, and

3. An enlarged state of the opening, so that the valves cannot fill up the aperture.

He thinks that the functional insufficiency of the valves is far more frequent than the organic.

Ergot in Delirium Tremens.—Dr. Arnoldow (*Deutsche Medizinal-Zeitung*, No. 43, 1882) relates the case of a man suffering from hæmoptysis, who was also threatened with delirium tremens. Chloral had been given for the sleeplessness, but without effect. Upon the administration of ergotine, not only did the hæmorrhage cease, but the symptoms of alcoholism also subsided. This happy result induced the author to give ergot in several other cases of mania-à-potu, in all of which the delirium was speedily controlled. Dr. Arnoldow explains this action by the contraction of the blood-vessels of the brain induced by ergot.—*N. Y. Med. Record.*

Rectal Feeding.—Two patients have been sustained for three weeks by food given by enema. The rectum was first syringed and washed out with warm water. The following mixture was then injected: Milk, ʒ iv (128.00); whisky, ʒ ss. (16.00); pepsin, gr. xv (1.00); tr. opii, m v (0.33), to be repeated after two hours.

The rectum was generally cleansed before each injection of aliment, though sometimes the patient retained two or three injections without a repetition of the irrigation.—*N. Y. Med. Journal.*

A New Remedy for Chronic Dysentery.—Koroniko, from *veronica parviflora*, is reported by Dr. J. Jardine ("Chinese Customs Rep.") as a potent remedy in cases of chronic dysentery, varying in duration from six weeks to four years, and in which from twenty to thirty motions containing blood and mucous were voided daily. Fifteen doses of tincture of koroniko reduced them to one-half, another fifteen doses reduced them to three or four daily, and a third like quantity effected a complete cure. Koroniko seems to be the vulgar name adopted in New Zealand for the plant.—*N. Y. Med. Record.*

Where liver congestion exists to a decided degree, the following is of service:

R. Cinchonidiæ Sulphatis
Euonymin
Iridin
Leptandrin
Juglandin. $\overline{aa}$ ʒ ss
Podophyllin.
Ext. Belladonnæ.
Ext. Nucis Vomicæ.
Ext. Hyoscyami. $\overline{aa}$ grs. x.

M. In pil. No. 60 div.

Sig. One or two at bedtime.

Many a stubborn case of dyspepsia, that had run the gauntlet unavailingly of all sorts of peptonoids, has given way to this, and it is an admirable cholagogue on general principles.—W. R. D. Blackwood, M.D., in *Phila. Med. Times.*

Tannate of Pelletierine has been used satisfactorily in one case by Dr. A. Judson Gray, who found it agreeable to take, causing no nausea or other unpleasant symptoms, the tænia was expelled entire, four hours after the administration of one fluid ounce of the solution.—*Phila. Med. Times.*

To Promote Growth of Hair.—Mix 10 parts of tincture of capsicum with 50 parts of glycerine.

(Esophagitis.—Thus far, with my limited knowledge, I would indicate the following points in the diagnosis of œsophagitis: First and foremost, an antipathy to food, and when food is taken lachrymation takes place. This is a point to which attention has not been previously drawn; but when we remember that the ingestion of irritating substances produces tears in the eyes of the adult, we can readily understand that any irritation in the œsophagus may produce them also in the case of an infant. On reference to Billard's first case, I notice he says "the cry was feeble but perfect," and we must infer from this that the cry was accompanied by tears; and as in profound gastro-intestinal lesions the cry is unaccompanied by tears, and one of the favourable prognostic indications of recovery from these diseases is a reappearance of tears, a constant lachrymation accompanied by these profound symptoms may be a valuable diagnostic point. Referring to Billard's third case, we find the child affected with ophthalmia, and my second case also was suffering from ophthalmic irritation. There is no doubt that constant wetting of the eye with tears is sufficient to produce conjunctivitis. Even in Gregory's time this fact was recognized. He says "bile and sordes in the stomach have also occasioned ophthalmia. The purulent ophthalmia of infants has been attributed by some to this source;" doubtless by the lachrymation produced by the irritation in the œsophagus. All who have suffered from severe heartburn must remember the tears that suffuse the eyes when the irritating fluid regurgitates into the œsophagus.

The second important diagnostic sign is the characteristic vomiting; that is, the food taken into the stomach is returned almost immediately and quite unchanged. This vomiting differs from that caused by gastro-intestinal irritation by being apparently unaccompanied with nausea, and it differs from the vomiting due to cerebral irritation by being not so powerfully ejaculated.

These are the two most characteristic diagnostic points. The other points it is hardly necessary, perhaps, to enumerate in this connection, as they simply consist in exclusion.

The question of treatment we need not enter into minutely; but as the disease almost invariably occurs in bottle-fed children, and one of the prime causes is the ingestion of food too hot, it is worth remarking that cold food can be administered to children without any bad effect. This plan of feeding children that require artificial feeding or cold food has been followed for some years by Surgeon King, U.S.A., and highly recommended by him. In my own practice, where children have been entrusted to nurses of careless habits, I have directed the children to be fed with food not warmed, and I have perceived no effects forbidding me to continue to do so.—*N. Y. Med. Record.*

Surgery.

STRICTURES OF THE URETHRA SITUATED AT OR NEAR THE MEATUS—THEIR CAUSES, SYMPTOMS, AND TREATMENT.

Dr. Chas. L. Mitchell, in the Philadelphia *Medical Times*, writes an interesting and instructive paper upon this subject. He states that strictures of the urethra are most frequently situated at or near the meatus, although Sir Henry Thompson's opinion is that the membranous portion of the urethra is their most frequent seat. Otis, Gross, and Bevan, with the writer, are in accord with the view that the portion of the urethra at or near the meatus is the most frequent seat of stricture. The statements of Sir Henry Thompson are based upon *post-mortem* revelations; those of Otis, Bevan, and Gross upon measurements made upon the living subject by the bulbous sound, which reveals constrictions not noticeable after death, yet whose trouble-

some symptoms disappear after treatment. As strictures are the result of inflammation, we would expect to find them most frequently where the inflammatory action is most frequent and severe. This point is in the anterior portion of the urethra. Deep strictures are generally traumatic; or, when the result of gonorrhœa, supervene upon frequent attacks, and are generally accompanied by one or more anterior strictures.

Obstinate, annoying, and chronic discharges from the urethra, are the effects of stricture. The longitudinal folds of the urethra become glued together by inflammatory effusion, perhaps at the seat of a normal transverse ruga. The passage of the urine over these constrictions causes an increase of friction, which is sufficient to keep up irritation and consequent discharge, though, in a healthy urethra, it would not be capable of producing an inflammation. These strictures, near the meatus, are generally of large calibre, and are elastic; and behind them is a portion of the urethra, denuded of mucous membrane and inflamed. They also communicate to the mucous membrane of the entire urethra a condition of hyperæsthesia, which is at times so great as to render the passage of any instrument a matter of very great pain and difficulty.

These strictures escape detection, either because, from the history of the case and the lightness of the attack, no stricture is suspected, or because proper methods of examination are not instituted. The ordinary conical steel sound will not detect a slight elastic stricture of large calibre, its wedge-like action dilates the stricture unperceived. The proper diagnostic instrument is the bulbous bougie, either metallic, which Otis uses, or the French *bougie à boule*. Any inequality or irregularity of the canal must be noticed at once, or the passage of the instrument may so dilate it as to render it unrecognizable for the remainder of the sitting. On noticing a slight hitch or obstruction, the instrument is slowly withdrawn; and a slight roll or jump imparted to the fingers indicates the location of the stricture by the passage of the tip of the instrument over it. The presence of blood, or muco-purulent blood, upon the shoulder of the instrument, is proof positive that a stricture is present. A point in the examination is often forgotten, viz., that the calibre of the meatus is no indication of the diameter of the urethra. The meatus may be constricted by cicatricial tissue, traumatism, disease, or congenitally contracted. When this is the case, an urethrometer, such as devised by Dr. Otis, should be used.

The only treatment of any service is by internal urethrotomy. Gradual dilatation is absolutely useless—rapid dilatation almost equally so. Urethrotomy gives the best results. An expanding instrument should always be used, as the stricture is more effectually divided, and with a slighter incision, than when the knife is used upon the flaccid urethra.

Dr. Mitchell has devised a small compact meatotome, upon the principle of Otis' urethrotome. The instrument consists of a short hollow steel bar, containing, upon one side, a concealed movable knife-blade, and upon the other, an expanding bar. This is regulated by a screw head attached to the extremity of the handle, and the degree of expansion marked by an index, moving upon a graduated scale, in the upper part of the handle. The knife is worked by a finger-piece or shoulder. The instrument can be operated with one hand, leaving the other free to manage the penis. Dr. Mitchell has used it frequently with gratifying results. It cuts quickly, evenly, and with perfect exactness. It causes but very little pain. He uses an astringent and sedative urethral suppository afterwards. The after treatment with sounds, he finds only irritates, without beneficial results. The instrument may also be used to dilate and incise any short fistulous tract or sinus, such as the os uteri, etc.

Differential Diagnosis between lepra, lupus and cancer, as they affect the throat.

1. Lepra is always apparent on the skin, before the throat gives any manifestation of its presence.

Either lupus or cancer may sometimes exist without giving rise to any cutaneous affection.

2. Lepra always announces its onset by a reddish discoloration, which gradually disappears and is succeeded by paleness without tumefaction.

Lupus is developed on the mucous membrane without any morbid alteration in the latter.

Cancer commences by congestion, swelling, and slight pain in the region affected.

3. The tubercles of lepra are white, soft, and of variable size. They form a chain resembling a string of beads. Their sensibility may be normal, diminished, or completely abolished.

The tubercles of lupus are pinkish or red, hard, resisting, and elastic. They are larger than those of lepra, few in number, scattered, and generally indolent.

The tubercles of cancer are red or grayish. They are either hard or soft, and are troublesome by reason of the pain they occasion.

4. There is well-marked tumefaction of the mucous membrane in lepra; in cancer, a hard œdematous swelling. The tubercles of lupus are seated on a structure which retains its normal condition.

5. The ulcers of lepra are soft, somewhat resembling syphilitic mucous patches; in some cases they are insensible. In lupus the borders of the ulcers are hardened and elevated; their bases constricted, sinuous, and without odour.

The ulcers of cancer are large, with irregular bases, and are covered and surrounded by papillary growths. Usually, they are exceedingly painful.

6. The cicatrices of lepra and those of lupus are very similar in appearance and consistence. They differ in that the cicatrices of lepra are insensible, while those of lupus preserve a degree of sensibility corresponding to that of the surface which they occupy. In cancer there is no cicatrization —either complete, partial, or temporary.— Dr. De la Sota y Lastra (*Rev. de Laryngol., d'Otolog., et de Rhinol.*, (August, 1882).

Ichthyol.—(*Monat. für Prak. Dermatol.*) Unna and Schrœter speak in high terms of this remedy in Eczema. Ichthyol is a carefully prepared product obtained from the destructive distillation of bituminous rocks and stones. At first it was tried in strengths varying from two to ten per cent. with unguents, as zinc benzoate. Thirty cases of Eczema of different varieties were treated with the ichthyol, and with happy results. Stronger ointments were tried, up to as much as fifty per cent. The following mixture is recommended:—

Lithargyri, 10.
Cog. C. Aceti, 30.
Ol. Olivae, Adipis. $\overline{aa}$ 10.
Ichthyoli, 10.
M. ft. Ung.

It may also be combined with the preparations of mercury. It has been used with success in acne rosacea. One case of favus covering the entire head, was brought to a healthy condition in three weeks by the ichthyol spray and ichthyol vaseline.

In a case of severe psoriasis, the left arm was treated with chrysophanic acid; the right with ichthyol. The left made so much more progress than the right, that both were soon put under the acid.

Treatment of Hydarthrosis of the Knee.—Volkmann has frequently punctured the knee joint and injected into its cavity a 3 to 5% solution of carbolic acid, without ever having the slightest accident or reaction. As a general rule, after having washed out the knee with a carbolised solution until the solution returns clear, he injects into the articular cavity 50 to 150 grammes of the carbolized solution,

then flexes and extends the knee, then surrounds the joint with Lister's dressing and immobilizes it. If the hydarthrosis is recent, one operation usually suffices. In old cases with distension of the capsule and ligaments, the operation may be repeated three or four times at a few weeks interval.

In very unfavourable cases, when the capsule is greatly distended and the synovial membrane is roughened and contains in its cavity an abundant liquid with fibrinous coagula and rice-like grains, or even in cases of plastic arthritis without articular effusion, Volkmann makes two lateral incisions at the joint, and introduces two drainage tubes which are left in place as long as they give rise to secretion.

He has given up using iodine injections because they at times give rise to suppuration, and offer no advantages over carbolic acid.—*Lyon Méd.*

Dr. Fox exhibited a case of lupus erythematosus, in order to illustrate the effects of an application that he had used with great benefit in four other cases of the disease.

The mixture was composed of:

Chrysarobin	15 parts.
Salicylic acid.....	10 "
Calamine.....	5 "
Ether	10 "
Flexible collodion	60 "

To be painted upon the diseased patches. Salicylic acid has a decided effect upon the epidermis, and chrysarobin upon cellular infiltration of the skin, and he hoped by combining them to obtain great benefit in the treatment of this disease. He had made only one application in this case, and hoped to present the patient a month later, to illustrate the effects of the method.

Pyrogallic Acid in Phagedenic Chancre.—Dr. Vidal, of the St. Louis Hospital, says of pyrogallic acid or pyrogallol in the treatment of phagedenism of the simple chancre, that it destroys the virus, arrests the phagedenism, and transforms the chancre into an ordinary wound; it gives rise to but moderate pain of short continuance, its caustic action is almost exclusively limited to the diseased tissues, and it may be easily applied to all points. When incorporated in an ointment or mixed at 5% with an inert powder it is the best topical application in the treatment of the simple chancre, and of its phagedenic complication. The preparations may be spread over extra surfaces without danger of toxic absorption. While remarkable in its power over the phagedenism of the simple chancre, it has no special action on the phagedenism of the syphilitic ulcerations.—*L'Union Méd.*

Excision of the Primary Sore in Syphilis.—Prof. Tarnovsky comes to the following conclusions:—

1. That the primary syphilitic sore is from the moment of its appearance an evidence of constitutional infection.

2. Usually the wound heals easily after excision, and there is no return of the induration in the place; but there is no change in the course of constitutional state; and

3. That there is no shortening by this means of the time required in treating the primary sore.

On the other hand, under the care of Prof. Grube, five cases were thus treated, and in two no secondary symptoms appeared after a lapse of seventeen and eighteen months respectively.—(*Monat. für Prak. Dermatol.*)

Epistaxis treated with Cannabis Indica.— Dr. W. G. Maxwell, in the *Md. Med. Jour.*, recommends the exhibition of Tincture of Cannabis Indica, in doses of ten to twenty drops every five or ten minutes, in Epistaxis. He has found it to act like magic—checking profuse hæmorrhage in from three to twenty minutes.

Extirpating Warts, Etc.—In extirpating small tumours or ulcers Dr. C. Johnston, (*Mary'd. Med. Jour.*) employs a circular gun wad-cutter, of which there are several sizes. Acting as a trephine, it makes a clean smooth circular incision. The circular wad of tissue is lifted up by a tenaculum, and separated by a single sweep of the knife. A scar is left which is one-quarter or one-third the diameter of the wad-cutter employed. If the edges be sutured the cicatrix is linear. An anæsthetic may or may not be required.

Midwifery.

Primary Operation in Lacerated Perineum.—W. L. Barret, M.D., in the *St. Louis Courier*, advocates the minute and close approximation of the edges of the torn mucous surface. He uses a short, straight needle and fine silk, carefully replacing all ragged ends of tissue, and closely following the sinuosities of the laceration. He leaves the deeper portions of the rent untouched. The sutures are the ordinary interrupted suture, and they are entered as close to the edge as possible, cut short and left to ulcerate out. The stitching is begun at the upper end of the rent and completed at the vulvar outlet. He considers external cutaneous sutures unnecessary. The process of involution has a natural tendency to bring the parts thus treated into closer apposition, thus favouring the object of the operation. The after treatment of such cases is simply that of an ordinary parturient.

He claims for his method that it is simple, less painful, more rational and more certain in its results than the usual method employed.

Application of the Speculum.—M. Fournier, in *L'Union Méd.*, recommends in vaginal examinations with the bivalve speculum, that the instrument should be slightly tilted so that the upper valve should rest firmly upon the anterior lip of the cervix, then by slowly opening the instrument the anterior lip is raised and the cervical cavity is disclosed to view, permitting a more thorough and useful examination.

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, MARCH, 1883.

THE DUTIES OF THE PROFESSION TO THE INDIGENT.

The Toronto *Daily Mail*, in giving particulars of a very sad case of destitution, in its issue of February 21st, refers in a most uncomplimentary way to the Medical Profession. A poor woman, with one child, had not the necessaries of life, in the way of food, clothing, or comfortable habitation. In the account we find the following: "Her neighbours did all they could for her, and sent to several medical men, asking them for 'pity's sake' to lend their aid. But the woman was poor, and they, were busy, and of course could not make it convenient to attend." During Monday she was very ill, and on Tuesday morning she was found in a dying condition with her new-born child lying dead by her side. The cause of death was found to be "pneumonia and want." The insinuations, with reference to the actions of Physicians, who, as a matter *of course*, are unwilling to perform humane acts, unless paid for them, are very harsh and certainly unjust.

We believe the Physicians of Toronto do as much to assist the deserving poor of the city as any other class of the community, and probably more, if we except clergymen and a number of noble women, whose kind and charitable actions are so well known. But works of charity, like other procedures, to be successful, must be carried out in a systematic way; and in order to accomplish this we have regularly organized Hospitals, Benevolent Societies, Homes,

and Dispensaries, for all classes of sick poor, where the Physicians unite with the lay managers in giving them all the attention and attendance they require.

Unfortunately, in spite of such well directed organization, occasional sad cases of privation, and even death occur; but in referring to them we cannot see why medical men should be held up to obloquy as a class of inhuman monsters, having no regard for the sufferings of humanity. In this case, for instance, why were not architects, builders, merchants, coal dealers, grocers, butchers, and milkmen called in to supply a suitable abode, clothing, fuel, and food? Such a procedure, apparently, was not thought of: only medical men were asked "to lend their aid."

We have no intention at the present time to claim any special credit for Physicians, but we must protest against such charges of inhumanity, on the part of the public press. We would like to see the members of our Profession fully possessed of the greatest of Christian virtues, charity; but all successful Physicians are heavily ladened with work: they are morally and legally bound to do the best they can for their paying patients, and in carrying out such contracts, it is simply impossible for them to answer every call at their doors. There is probably not a doctor in this city who does not do charitable work in connection with some of the Hospitals, Homes, Dispensaries, or in private practice.

The public should understand that they have no greater claims on the time of Medical Practitioners than they have on other classes of society; and on behalf of the latter we trust we may promise that they will always co-operate with others in preventing, as far as possible, such inexpressibly sad occurrences as the one recently chronicled.

Dr. Hughlings Jackson, in a recent address, says that too much specialism in teaching tends to produce prigs rather than practitioners.

TRINITY AND THE KINGSTON SCHOOL "TROUBLES."

Again we have a letter from Trinity, purporting to be an answer to an editorial in our February number, which we publish in this issue. This letter denies nothing contained in the article referred to, though it proclaims "falsehood," "falsehood," apparently with the hope of fastening a part of this *falsehood* on our shoulders. In answer to this we may say that the bare statement of facts therein contained was absolutely correct in every particular. We stated that a certain report about fees was current in Kingston, and an extract from a student's letter now published in Trinity's letter admits this fact. Supposing this report to be incorrect, still Trinity was getting the benefit of it, and the letter of the Kingston Dean, also published in this issue, shows that the Trinity Dean though afforded every opportunity refused to repudiate it. We showed in addition that Trinity was determined to ignore the right of the Kingston Faculty, to say whether its own students deserved certificates of attendance for the first half of the session, as evidenced by an offer to give certificates on *student's own declaration*. Under the circumstances the report about the offer concerning fees is a secondary consideration, and so much letter-writing about this "falsehood" is quite superfluous, while such evasion of the main points at issue is about as creditable as the original act of attempting to destroy a sister institution.

The true inwardness of the procedure is plainly visible in a sentence occurring in one of the *friendly* letters sent by the Trinity Dean to his *dear* Brother Dean of Kingston: "Of course if any of the young men go the length of leaving they may as well come west as go east." "East" of course means McGill, and Trinity appeared anxious to outbid what might prove a formidable rival in Montreal; this it accomplished with the utmost ease. The authorities of McGill at once declined to grant to

rebellious students "on their own declaration" a standing refused by their teachers. The "east," with a finer sense of honour, a fuller appreciation of the rights of a sister Faculty, and a higher regard for what the world calls fair play, stood but little chance in the unequal contest: the "west" "won in a canter."

The important element is the promise to grant the students of Kingston certificates for attendance, refused by their own lecturers, *who alone had the right to grant them*, and at the same time refused by another school in Montreal.

We regret exceedingly the manner of the defence offered by the Faculty of Trinity after careful deliberation, as we can only imply from it that this institution is determined in the future to adopt similar tactics, should occasion arise. If so, we hope it will have a clear course without any competition. We are glad to believe that many members of the Trinity Faculty would have scorned to participate in the action taken on their behalf had they had timely notice; but since they have failed, after ample opportunity, to shift the responsibility to the proper shoulders, they must not complain if they suffer in the general condemnation.

THE INTEGRITY MEDICAL AID FUND OF TORONTO.

The Society controlling this "Fund," called by the *Can. Med. and Surg. Journal* "a sort of Co-operative-Medico-Chirurgical-Obstetrical-Gynæcological-Pœdiatrical-Supply Association," has arranged for its speedy dissolution. The physicians connected with it, finding the scheme distasteful to the profession, at once sent in their resignations. They explain their position by saying that they thought their company would conduct its proceedings after the plan of many Toronto Societies, who have their medical attendance at contract prices, without the assistance of advertisements by fly sheets distributed from house to house. "*Requiescat in pace.*"

O TEMPORA! O MORES!

In the *Canadian Pharmaceutical Journal* for February, the following advertisement (poster) is editorially cited:—

"Come one!! Come all!! From 10 to 20 per cent. saved if you will buy your goods from R. B. Clarke, M.D., Dealer in Drugs, Groceries, Fancy Goods, &c.," and so on *ad nauseam*, winding up with "Remember the place, 2 doors East Tichborne House, opposite Lennox Hotel, Napanee, Ont." The Editor exultingly remarks that this man's name does not appear on the Roll of Chemists, but is to be found in the *Medical Register*, and calls upon the Profession, the Medical Societies, and the Journals to purge themselves of this offender against all ethics and good breeding.

Whilst we cannot deny that the name of Robert Barr Clark, M.D. (Victoria College, 1866) appears upon the Medical Register; we cannot suppose, after what we have read in our contemporary, that he is a practitioner of the Healing Art, or that he moves in the society of Professional men. But were it otherwise, the Profession, as a body, is powerless in the matter; the Medical Council cannot move therein, unless he be convicted of a felony. We must leave him therefore to the private judgment of his fellow-citizens, unless, perchance, his University will discipline him for thus trailing his academicals in the dust. But little less disgusting are the advertisements so frequently seen in country newspapers of Medical men, who have obtained excellent diplomas, both at home and abroad, and whose higher qualifications might legitimately be expected to involve a higher sense of professional propriety. Of such a character is a clipping from the *Uxbridge Guardian*, of February 9th, setting forth the attainments of a Stouffville practitioner, and several of a like character, relating to a Toronto specialist, to which our attention has been repeatedly directed.

A MEDICAL OFFICER OF HEALTH FOR THE CITY.

After varying fortunes in the hands of committees the appointment of a Medical Officer of Health has, at length, been determined upon by the City Council; and the salary fixed at $1,500 per annum. This sum, we think, is too small in view of the onerous and responsible duties involved. However, as a commencement, it may suffice; and doubtless as the importance and utility of the office become more generally recognised, the recompense will be proportionately amplified. We have a shrewd suspicion that before the receipt of the memorandum forwarded by the Chairman of the Provincial Board of Health (Dr. Oldright), members of the Council had no idea of the extent or character of the duties of such a position. The City and Profession are, therefore, indebted to Dr. Oldright for his timely communication on the subject. From what we can learn it would appear that Dr. Wm. Canniff is likely to receive the appointment; a selection which, we believe, will meet with the general acceptance and approval of the Profession. We think we can promise him, therefore, the hearty co-operation of the Profession in establishing and maintaining the high utility of the office.

THE NEW CODE.

The New Code of Ethics, adopted by the New York State Medical Society a year ago, countenancing consultations on the part of its members with Homœopaths and all sorts of Irregular Practitioners of Medicine, was sustained and confirmed at the annual meeting, in the beginning of February. From the almost unanimous condemnation of the New Code by the Profession throughout the world, and by forty out of the sixty County Societies, in the State of New York, it was confidently hoped and expected that at this year's meeting, the seemingly hasty action of the previous year would be reversed. After a long and liberal discussion, however, Dr. Squibb's resolution to rescind the former vote was lost by a division of 105 to 99. The New Code being thus sustained by a majority of 6 in a pretty full meeting. The Society has thus cut itself loose from all connection with the American Medical Association, which, last year, refused to receive its delegates at St. Paul; and it is rumoured that the majority of the County Societies will now join together to form a new State Society in ethical harmony with the General Association, and the Profession at large.

In Toronto, we manage these things more quietly. One or two Surgeons consult repeatedly with Homœopaths, and although they are members of both the Ontario and Canada Medical Associations yet, these Societies meet in this city and—to their shame be it spoken—take no notice of the fact. We wonder if there be a latent fear that a discussion of the matter might reveal the existence of a general *advanced liberality* such as the State to the South of us has not blushed to proclaim.

COUNCIL EXAMINATIONS.

The Examinations will be held in Toronto and Kingston, commencing April 3rd. The Final Oral will commence at Toronto, April 10th, and at Kingston, April 12th. The Primary Examinations will commence at Kingston on the 13th, and at Toronto on the 16th. Full particulars given in advertisement.

CANADIANS ABROAD.—On 29th January, W. A. Dawson Montgomery, M.B., Toronto, (of the Toronto School), was admitted M.R.C.S., England. On the 3rd February, S. R. Rogers, M.B., Toronto, M.D., C.M., (Victoria) of Mount Forest, and W. H. Macdonald, M.D., Trinity, of Toronto, were admitted L.R.C.P. and L.R.C.S., Edin.

At the close of Dr. Morrell Mackenzie's lecture, at Bellevue, N. Y., one of the students from "out West" remarked to his neighbour, "that feller talks our language very well for a foreigner."—*Phil. Reporter.*

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Stated meeting, January 11th, 1883.

Dr. W. J. Wilson, 2nd Vice-President, in the chair.

After routine business Dr. Graham showed part of the ileum from a patient who died of enteric fever at the end of the third week. Symptoms of perforation occurred forty-eight hours before death. *Sectio Cadaveris*:—A large quantity of contents of the bowel were found in the peritoneal cavity. There were several large perforations in the lower part of the ileum, one near the ileo-cæcal valve was about 1½ inches long, and occupied nearly half the circumference of the bowel. Several small perforations existed higher up. Attention was drawn to the great length of time the patient survived the symptoms of perforation.

Dr. Graham also showed a heart with greatly dilated right ventricle, from a man who died in the Toronto General Hospital. He was brought into the Hospital in an unconscious state. He had been drinking freely and was frost-bitten. He died next day.

Sectio Cadaveris.—Right side of heart greatly dilated and probably causing tricuspid incompetence. An ante-mortem clot extended into the pulmonary artery. Left ventricle greatly *hypertrophied.* There was no pigmentation of the liver, a rare condition with dilated right ventricle, and Dr. Graham thought, probably accounted for on the supposition that the dilatation was of recent development, being due to the fatty degeneration of the wall of the ventricle which was very marked. According to Balfour, the bruits heard in anæmia are due to temporary dilatation. There was fatty degeneration of liver and kidneys also.

Dr. Cassidy also reported a case of death with symptoms of perforation in enteric fever, but had not the specimen to present for examination by the Society. The symptoms showed themselves on the 21st day and death occurred on the fourth day following.

Sectio Cadaveris.—A localized peritonitis of about the size of the hand existed confined to the bowel. The effusion was scanty. The last ten inches of ileum were dark, but no perforation could be found until the bowel was opened and a small one was discovered. It was completely glued over by the exudation.

Dr. McPhedran drew the attention of the Society to a new physical sign of perforation, from any cause, recently brought to the notice of the profession by Dr. Austin Flint, sr., of New York, namely, that with the escape of gas into the abdominal cavity, hepatic flatness is always replaced by tympanitic resonance. This is owing to the fact that gas in the peritoneal cavity, the patient lying on the back, will separate the anterior surface of the liver from the abdominal wall. This statement has been verified by Dr. Flint on the cadaver, and he also relates some cases affording clinical evidence of a negative character in support of the same. While assuming that hepatic flatness is proof against perforation of the alimentary canal, it cannot be assumed that tympanitic resonance over the hepatic region is always due to perforation. Hepatic tympanitic resonance may also arise from each of the two following conditions: namely, first, by separation of the liver from the anterior abdominal wall, by the colon having been forced up between them, and, secondly, by the conduction upwards to the pulmonary region of the tympanitic resonance of the transverse colon when it is greatly distended by gas. If the sign is found, upon further investigation, to be reliable, these two possible conditions giving rise to hepatic tympanitic resonance, will have little, if any, effect on the value of the sign. Dr. Flint submits his views to the profession with the desire that others may test the value of this physical sign.

Dr. Canniff thought that in certain conditions of the system gas might be produced in the peritoneal cavity.

Dr. Nevitt reported three case of enteric fever in which there was prolonged illness. One was characterized by many marked fluctuations of temperature, varying from normal to 104°. They all made good recoveries.

The President thought there had been a marked tendency to prolonged attacks of enteric fever during the last season.

Dr. Graham thought the nomenclature required attention. At present all fevers characterized by continued high temperatures were classed as enteric. He would make two divisions of them, namely, (1), enteric to include all cases with typical symptoms; (2), continued fever to include the ill-defined cases.

Dr. Canniff reported a case of traumatic inflammation of the knee, met with in Muskoka last summer during a holiday trip. The man was injured in the knee by an axe, the patella being almost completely divided, the femur cut into, and the cavity of the joint evidently opened. Severe arthritis followed. A good recovery has resulted under treatment by extension, cleanliness, and plenty of fresh air. He is unable to bend the knee and passive motion was advised with the hope of overcoming the ankylosis.

Dr. Macdonald reported a case of hydarthrosis of the knee which he is treating by injections of solutions of tincture of iodine, (℥ ij. ad ℥ j.), injecting ℥ v. at each treatment after removing most of the fluid in the joint by aspiration. The patient had taste of iodine in the mouth a few minutes after the injection. The immediate effect of the treatment was to cause much swelling of the knee, but this began to abate in a few days and the joint returned to its normal size. The ultimate results remain yet to be seen.

Dr. Graham said he had a similar case about a year ago with Dr. Armstrong of this city. ℥ j. of pure tincture of iodine was injected. Both knees were treated and are now well. Other joints became affected subsequently. The iodine taste was present in this case also.

Dr. McPhedran reported a case of trouble in Scarpa's triangle, characterized by excessive pain and tenderness, slight swelling but no other evidence of inflammation. The limb was extended and flexion gave great pain. There was no history of injury nor evidence of any rupture of any of the soft tissues. If the bursa beneath the psoas were the seat of trouble there would have been flexion of the limb. Complete recovery resulted in about three weeks.

Dr. Rosebrugh then exhibited his modification of the McIntosh battery, galvanic and faradic combined, and gave a detailed description of it.

Stated meeting, January 25th, 1883.

The President, Dr. George Wright, in the chair.

Dr. MacKenzie, Riverside, was elected to membership.

Dr. Graham exhibited a placenta containing two cysts filled with dark brownish fluid. The case was premature.

Dr. Cameron showed for Dr. Harison, of Cambray, an acephalous monster. There was no neck, and the spine was bifid throughout the dorsal and cervical regions. Birth was given to a similar monster in the pregnancy previous to this one.

Dr. McPhedran showed a diffluent spleen taken from an old man who died in the House of Providence. There was marked chronic gastritis and all the organs, especially the heart, were very friable.

Dr. Cassidy then read a paper on Ruptured Perineum. He dealt with the subject exhaustively, relating cases in his own practice in illustration. He advocated very strongly immediate operation in all cases. He preferred keeping the bowels loose, and urged the necessity of keeping the parts scrupulously clean by the vaginal douche.

A prolonged discussion followed, in which nearly all the members present took part.

After miscellaneous business the Society adjourned.

Correspondence.

To the Editors of the Practitioner.

GENTLEMEN,—I have no special desire to perpetuate the unpleasant controversy affecting the action of Trinity Medical School in our recent troubles. But the letter of the Secretary of that school, in the February number of your Journal, calls for some explanation as to our ground of complaint against Trinity, which I here propose to give as briefly as possible ; the value of his denial will then be better estimated. Let me premise by stating that at no period were we taken into the confidence of either "*Trinity*" or "*Students.*" We were, as regards any correspondence or diplomacy, left out in the cold, so that we are in no way responsible for the allegations made.

1st. During our troubles, one of our city papers made the statement that "Trinity Medical School proposed to receive our students on the following terms, viz., 'Students who had paid their fees would be received for balance of session *free*. Those who had not paid fees for the session would be received the balance of session by paying *half* fee. That certificates of attendance would be given, and all examinations allowed, upon students making *their own* declaration to that effect.'"

This startling announcement was read and known by citizens and students; copied, I believe, in outside papers, and was a common topic of conversation by all connected with college matters. This statement I have authority for stating, was given by the students to the newspaper without any reservation, and though understood to be the terms from Trinity, by citizens and students, was not denied.

2nd. To put the matter beyond doubt or cavil, on the 12th December, 1882, I wrote to Dr. Geikie, as Dean of Trinity Medical School, expressing my surprise at this unusual course, sending also the paper giving an account of our difficulty, and asking an explanation. I received promptly two letters in reply. The first, a letter of condolence, *without one word of explanation*, only the following :—"Of course, if any of the young men go the length of leaving, they may as well come west as go east." The second letter, written the day after the above, was equally sympathetic, and equally non-committal; the only allusion to my question being, "that the students' questions were replied to, exactly as similar enquiries were answered, when made by a lot of 'Victoria students' some years ago." Being too dull in detecting the answer I wanted, I pertinaciously continued, and wrote again to Dr. Geikie, for information as to the allegations, as follows :—"That if Trinity proposed what was alleged, we had grounds of complaint against her. We are told the proposition is,

1st. Students received on their own declaration of having attended lectures.

2nd. That those who have paid their fees here will be allowed the balance of the session free.

3rd. "Those who have *not* paid will only have to pay *half-fees*, and that tickets will be certified on students' own declaration."

Could I be more explicit in my questions? I received an immediate reply of the most friendly character, with all sorts of kindly assurance; *but certainly not one word of denial or repudiation as to the above allegations.* Here is the only extract from this letter on the subject :—

"The whole matter so far as we are concerned is in a nut-shell; from *your point* of view, there would be ground to feel we had not acted a friendly part. There is just this difference, and it is this: We answered a civil question in a civil way, under the impression, and entirely under the belief, that there had been trouble of which we knew nothing, and that that trouble had resulted, much to our regret, in

a number of the students having actually left the school, never to return, and that these gentlemen were undecided only as to the direction in which they might go. Had this not been the exact state of things, according to the students' telegram, so far as it could be interpreted by the gentleman to whom it came and by myself, we would have given no answer." "The trouble had come—had reached its unfortunate ending, as we believed, and students who had left, wished to know if they could enter Trinity School,—a considerable number of the members of the old Victoria Medical School class had been received on certain terms, and this formed a precedent."

I may state here the students had *not* left, as Dr. G. was aware, and he so intimated in reply to my first letter above quoted.

This ended our correspondence on the subject. I could get no answer to my *explicit questions* as to the alleged proposal. *Could we, therefore, come to any other conclusion, but that the proposal from Trinity was such as stated.* An opportunity was promptly and candidly given to disabuse our minds of any unfairness on the part of Trinity, this was not accepted. We appealed to the *only authority* we could have access to, without avail. The sword was allowed deliberately to hang over our heads—we must assume for a purpose—and failing in the accomplishment of it—they seek now to get rid of the odium of a dishonourable act. The Trinity authorities are too late in their denial—the mischief is done and cannot be repaired, and we are left to the unpleasant consciousness of feeling that we have been betrayed, and confidence in the honour of a sister institution shaken, if not destroyed.

M. Lavell.

Royal College Phys. and Surgs., Kingston,
February, 1883.

To the Editors of the Canadian Practitioner.

Gents.—In your February number, you published my emphatic official contradiction of the false statement, that Trinity Medical School offered to receive certain Kingston students for "*half fees,*" and strangely enough, in the same number, this very statement is more than once repeated in an editorial. I am, therefore, directed, again to declare the statement *absolutely and unequivocally untrue.*

From Kingston students in answer to the question, "how such a falsehood could have originated?" we have, within the past few days, received two communications.

In one, the writer says that "*the first he heard of it was, through one of the local papers*"—that "*such a thing was not talked over, amongst the students,*" *until it came from outsiders, and then* "*only jestingly.*" Also, that "*no such statement emanated from the students as a body, or I might say individually.*" And further, that "*it is conjectured that some of the friends of the 'Royal' used such statements as a means to lead our Professors to make the present arrangements. We as students, feel, you have been wrongfully accused.*"

In the other letter, speaking for the students, the writer says:—"*We regret the 'report' should have been circulated, and we repudiate the statements that the students here openly and publicly boasted that Trinity School had offered to take students who had paid nothing here (Kingston) 'for half fees.' We cannot understand how such a statement ever gained currency, and we conclude, it only existed, in the imagination of the original circulator or writer.*'"

One telegram only, in reply to a despatch received, was sent to the Kingston students, and this did not refer *directly* or *indirectly* to fees—and this, with a short letter of congratulation, when matters were either fully settled, or in the way of being so, were the only communications sent from Trinity School to the Kingston students.

Thus, there was not even a single vestige of truth on which to base this mischievous falsehood.

John Fraser,
Sec. Trin. Med. School.
Toronto, Feb. 19th, 1883.

Book Notices.

The Dangers of Impure Ice. (Reprint from *The Sanitarian.*)

First Annual Announcement of the College for Medical Practitioners of St. Louis, Mo.

The Physiology of Alcoholics. An address by W. B. Carpenter, M.D., LL.D., F.R.S.

Annual Announcement, Cooper Medical College of San Francisco. Session of 1883.

The Management of Chronic Inebriates and Insane Drunkards. By A. N. Blodgett, M.D., Boston.

Cervical Ribs. By Francis J. Shepherd, M.D., M.R.C.S., Eng. (Reprint from *Am. Jl. Med. Sc.*)

The Placental Development in Mammals. By Henry O. Marcy, M.D., Boston, Mass. (Reprint from *Annals of Anatomy and Surgery.*)

On Canadian Fresh Water Polyzoa, By Wm. Osler, M.D. (Reprint from *Canadian Naturalist.* Vol. x., No. 7.)

On Certain Parasites in the Blood of the Frog. By Wm. Osler, M.D. (Reprint from *Canadian Naturalist*).

The Best Methods of Treating Operative Wounds. By Henry O. Marcy, A.M., M.D., Boston. (Reprint from *Medical Gazette.*)

Annual Reports of the Sanitary Protection Association of Newport, R. I., for 1881-2. Dr. H. R. Storer, Sec., Washington St.

Annual Address before the American Academy of Medicine, at Philadelphia, Oct. 26th, 1882. By Traill Green, A.M., M.D., President.

An Investigation into the Parasites in the Pork Supply of Montreal. By Wm. Osler, M.D., M.R.C.P., London, and A. W. Clement, (Lawrence, Mass).

Addresses delivered on the Dedication of Cooper Medical College Building. By Levi C. Lane, A.M., M.D., (Jefferson and Berlin), M.R.C.S., England, and by Edward R. Taylor, Esq.

Spinal Deformities, Fracture of the Femur, Orthopædics, and Injuries. Extracts from Clinical Lectures, by Edward Borck, M.D., of St. Louis, Mo. (Reprint from *St. Louis Med. and Surg. Jl.*)

Illustrated Medicine and Surgery. Edited by Geo. Henry Fox and F. R. Sturgis, (with the co-operation of Profs. Willard Parker, Post, Van Buren, Little, Thomas, Loomis, Delafield, St. J. Roosa, Agnew, and Austin Flint). New York: E. B. Treat, 757 Broadway.

This excellent illustrated quarterly enters upon the second year of its existence with the January number. The high encomiums uttered on all hands during the issue of the first volume it seems will have to be reiterated of its successor. The contents of the January number are: Dental Development, (3 illustrations), by Wm. Hailes, jr.; Palato Pharyngeal Sarcoma, (1 illustration), by Johnson Eliot; Excision of the Shoulder Joint, (3 illustrations), by Randolph Winslow; Compound Complicated Harelip, (8 illustrations), by James L. Little; Cysto Adenoma of Thyroid Gland, (2 illustrations), by Chas. Buckley; Secondary Myeloid Disease of Pleura and Lung, (2 illustrations), by Wm. Osler; Congenital Union of the Fingers, (11 illustrations), by J. H. Pooley; A Teratological Contribution, (3 illustrations), by Geo. J. Engelmann and an Apparatus for Treating Fracture of Patella, (1 illustration), by J. S. Wight. The editors exercise an excellent discrimination in the matter admitted, securing at once merit and variety. Moreover, accepted contributions are liberally paid for.

A System of Human Anatomy, Including its Medical and Surgical Relations. By Harrison Allen, M.D., Professor of Physiology, University of Pennsylvania. (Illus-

trated with 380 figures on 107 plates, many beautifully coloured, and upwards of 250 woodcuts in the text). The drawings by Hermann Faber, from dissections by the author. Philadelphia: Henry C. Lea's Son & Co., 1883.

Section III., comprising the muscles and fasciæ of this beautiful atlas, has come to hand, and completes the first half of the publication. This number comprises 15 plates, containing 43 figures of very excellent execution. As before, the text is remarkable, not only for clearness of diction and typography, but more especially for its practical applicability in everyday experience. The concluding remarks on Displacement in Fracture well illustrate this. Each section is enclosed in a separate portfolio. The price per section (six in all) is $3.50; and the practitioner who owns it has his money well invested.

Fourth Annual Report of the State Board of Health of Illinois.

The citizens of the State of Illinois are to be congratulated upon the successful organization of so energetic and efficient a Board. The duties have been extensive, covering a wide range of subjects, prominent amongst which are the suppression of smallpox and the enforcement of the Medical Practice Act. The former has occupied a large portion of the energies and means of the Board. The introduction of the disease has been greatly obstructed and its spread largely prevented.

In the working of the Medical Practice Act much time has been consumed, great labour involved, some dissatisfaction expressed, much discussion aroused; but generally its operations have been advanced with circumspection and thoughtful discrimination. No one is allowed to practice medicine in the State without possessing a certificate from the State Board. This certificate is to be obtained by examination or by presentation of diplomas from medical schools in "good standing." No school is recognized as being in "good standing" that does not require a preliminary certificate of proficiency in English, and that does not compel a three years' course of study in medicine. A list of institutions recognized by the Board as fulfilling the indications of being in good standing is given.

Medical Diagnosis: A Manual of Clinical Methods. By J. Graham Brown, M.D., Edinburgh: Bell & Bradfute, 12 Bank St. Toronto: Carswell & Co., 1882.

"It is a creditable character of the treatment of diseases in the present day, that it seeks to proceed on rational principles." Accuracy in diagnosis is a *sine quâ non*, a necessary precursor of rational therapeusis. Diagnosis is the discriminatory cognition of the changes produced in the animal economy by disease, and is founded upon the signs and symptoms cognizable by our senses, and by the methods which the tributary natural sciences have placed at our disposal. To give a clear and succinct account of these has been the aim of the author of this present volume; and it is but a merited meed of praise to say that he has within the compass of some three hundred little pages, satisfactorily accomplished the task which he set before him as far as medical diagnosis is concerned. After a brief but pertinent and interesting introduction, the subject matter of the work is taken up according to the physiological systems of the body in the following order: Alimentary, Absorbent, and Hæmopoietic, Circulatory, Respiratory, Integumentary, Urinary, Reproductive, Nervous, and Locomotory. All these, with the exception of the last, which was perhaps unnecessary, are very good; but the sections on the Circulatory, the Respiratory, and the Urinary are undoubtedly the best. The description of Broncho-Vesicular breathing, however, is, we think, totally insufficient and misleading. To show how careful the author has been to bring his subject matter up to date we may mention that Appendix A is inserted in order to record the latest results of Nothnagel's examination of the

Fæces in the latter half of 1882. Taking the work as a whole we can most cordially commend it to the student as a safe and helpful *vade mecum*. We know of no work in the language which covers the same ground in an equally brief and perspicuous manner. The illustrations are exceedingly good and clear, but far too few in number.

The Illustrated Quarterly of Medicine and Surgery. Edited by Geo. Henry Fox and F. R. Sturgis. Vol. I., No. 4. October, 1882. New York: E. B. Treat, 757 Broadway.

The high promise of excellence and utility engendered by the appearance of the first number of this novel and commendable publication has been well sustained throughout the year, and the October issue is not a whit behind its predecessors, either in the intrinsic interest of the subjects treated of, or in the artistic character of the illustrations. Such a work is valuable, not only in affording an enhanced facility of understanding by the aid of good pictorial representations, but also in rescuing from obscurity and oblivion the record of valuable cases otherwise not published for want of sufficient intelligible illustration. This number contains: Two Large Tumours of the Female Breast (2 illustrations); Sarcoma of Pharynx and Neck (1 ill.); Double Equino Varus (3 ill.); Extraneous Microscopic Matter in Animal Fluids (4 ill.); Syphilitic Ulcerations of Upper Air Passages (2 ill.); Laryngo Tracheal Diphtheria in an Adult (3 ill.); Case of Traumatic and Septic Empyema (1 ill.); Thoracic Deformity Resulting from Empyema (1 ill.); Case of Peculiar Tumours of the Hands (1 ill.). The list of prospective contributors for 1883 is an earnest of the capacity and determination to maintain the high reputation this publication has already acquired.

Practical Medical Anatomy. A Guide to the Physician in the Study of the Relations of the Viscera to each other in Health and Disease, and in the Diagnosis of the Medical and Surgical Conditions of the Anatomical Structures of the Head and Trunk. By Ambrose L. Ranney, A.M., M.D. New York: Wm. Wood & Co.

This volume was the June No. of Wood's Library, and adds much to the value of the series. It is divided into two parts. Part I. concerns the head, chapter one treating of the bones and their points of special interest. Chapter two considers the human face in health and disease, and its value as a guide in diagnosis. Chapter three deals with the blood vessels of the head; chapter four with special regions of the head and the points of general interest pertaining to each. Part II. has relation to the trunk. Chapter one is devoted to the vertebral column, its physiological and clinical points of interest; chapter two to the neck and its structures—their clinical aspects; chapter three, the bones of the thorax and their relations to the adjacent structures; chapter four, the chest and its contained organs; chapter five, the bones of the pelvis, and the general plan of its construction; and chapter six, the abdomen—its viscera, and the surgical guides to important structures of that region. As will be seen from this enumeration of the contents, the book does not treat purely of *Medical* Anatomy. It, however, loses none of its value on that account. Doubtless, here and there, statements are to be met with, which, on strict scrutiny, would not pass unchallenged; but, on the whole, Dr. Ranney has produced a work alike creditable to himself and interesting and instructive to his readers. Many trifling points, it seems to us, have been deemed worthy of illustration by diagrams, and some of these are simply execrable. The work on the whole is a valuable acquisition to professional bookshelves.

The Diseases of the Liver, with and without Jaundice; with the Special Application of Physiological Chemistry to their Diagnosis and Treatment. By Geo. Harley, M.D., F.R.S. Philadelphia: P. Blakiston, Son & Co., 1883; Toronto: N. Ure & Co. Price, $5.

We have derived much amusement and no little profit from the perusal of this latest product of George Harley's pen, and we are thankful to say that the American edition, at all events, does not present those peculiarities of spelling by the omission of superfluous consonants, for which Dr. Harley is noted. Dr. Harley is a man of wide experience of men and the cities of men, and is thereby enabled to incorporate in his text many interesting and instructive anecdotes and reminiscences, *quorum magna pars fuit;* indeed in a lesser man, one whose reputation and attainments rested on a less solid foundation, the egoism of his style would be deemed insufferable. As it is, the littleness of a great man affords amusement and instruction; and the general modesty of science is enhanced by contrast with an exceptional though eminent devotee. The value and essentiality of a thorough knowledge of Chemistry and Physiology in the diagnosis and treatment of affections of the liver is well, and we believe not too strongly, set forth in the introduction. The Chemistry, Physics, and Physiology of the Liver are discussed in Chapter II. Chapter III is devoted to the Etiology of Jaundice, and here we may remark that we are surprised and disappointed to find a man of scientific training and habits, such as Dr. Harley is, lending his countenance to the perpetuation of the term, and look upon the reasons offered as totally unsatisfactory and insufficient. Our author is an uncompromising opponent of Frerichs' views, and a consistent supporter of Dr. Budd's theory of the origin of Jaundice from mechanical obstructions to its outflow, and from suppression of its secretion. Then follow two chapters containing general remarks on the Signs and Symptoms and Treatment of Hepatic disease; both of these are clear, interesting, and instructive. Chapter VI is, doubtless to the surprise of most modern readers, headed "Biliousness"—a term and condition which the author ably defends. Jaundice, Intrauterine, Congenital, and Hereditary, Jaundice as a result of Enervation, Jaundice from Hepatic Congestion and Inflammation, and Jaundice caused by Disease-Germs, occupy the four succeeding chapters. Biliary concretions are next considered in an admirable chapter; after which come Hints on the Differential Diagnosis of Colics, Catarrhal Jaundice, Jaundice from Poisons, and Jaundice from Permanent Obstruction; all these are excellent, and bear the impress of the author's individuality in an unmistakable manner. His allusions to "Surgeon's errors" are amusing as well as edifying, though doubtless harmless, the culprits being Sir Henry Thompson and Sir James Paget. One of the ablest and most valuable chapters in the work is now introduced, on the Chemistry of the execretions as an aid to diagnosis and treatment. Pre-eminent excellence was doubtless to be expected here, from the author's well-known laboratory labours and predilections. The reference to melanin in the urine in Murchison's Patient (p. 479) doubtless goes further to prove the value of its presence as a sign of cancer, than the good taste of the author in his mode of narration. Abscesses of the Liver next claim attention and are followed by Cancer, Syphilis, Hydatids, Cystic Disease and Benign Degenerations. We may remark of Cancers, *en passant*, that the author admits only the soft forms of the disease, in this classification; excluding Scirrhus altogether. He adheres to the constitutional origin of cancer, in which we opine few modern surgeons will concur; but by the opinions of surgeons, as already indicated, the author lays no great store. Traumatic affections, Hepatic Ascites and Dropsy, Liver Spots and affections of the Gall-Bladder are next introduced; the discussion of the last-named being particularly good and commendable. The concluding chapter will be found of much convenience and utility, consisting of seventy-eight aphoristic Hints to aid in the Diagnosis and Prognosis of Diseases of the Liver.

As will be readily perceived the noticeable feature of the work is the special embodiment of modern chemical and physiological lore in the methods of elucidating hepatic problems. The book is larger than Murchison's by about 50 pages, (allowing for fewer lines to the page), and in its manner presents a striking contrast therewith. Even those who possess the works of Murchison, Legg, and Frerichs will do well to purchase this of Harley also, for notwithstanding its æsthetic faults it is a storehouse of practical information and a standard treatise *sui generis* on the subjects of which it treats. The manner may be readily condoned for the sake of the matter.

The *Southern Clinic* has reduced its subscription price to $1 per annum: *Macte virtute esto!*

Personal.

Dr. Wm. Natress is in Vienna, Austria.

Dr. Arthur Machell has commenced practice in Owen Sound.

Dr. J. H. Stevenson, of London, is, we regret to say, seriously ill at the residence of his father-in-law, Mr. Vice-Chancellor Proudfoot, of Toronto.

Miscellaneous.

Truth Through Error.—A busy doctor sent in a certificate of death the other day, and accidentally signed his name in the space for "Cause of death." The registrar says he wishes the profession would be as accurate generally.—*Phila. Med. Times.*

Paralysis Agitans.—Professor Brandes, of the General Hospital, at Copenhagen, says he has cured two recent cases of paralysis agitans by the continuous application of cold to the back of the neck. In older cases the method failed.—*N.Y. Record.*

Syphilisation of a Monkey.—M. Martineau inoculated a monkey on the penis, with serous fluid taken from a syphilitic chancre of a patient. Twenty-eight days afterwards two indurated chancres were found at the points of inoculation, succeeded in a few days by mobile indolent enlargements of the inguinal glands.—*Gaz. des Hôp.*

Credit to whom Credit is Due.—Philip Doddridge (1702-1751), spoke of nerve-stretching, and recommended it as a religious stimulant in his *Zeal and Vigour* in the *Christian Race:*

> "Awake, my soul: stretch every nerve,
> And press with vigour on."

The proceedings.—*Southern Clinic.*

The Committee of the American Medical Association on the subject of establishing an Association Journal, on the 17th ult. met in Chicago, and nominated Dr. N. S. Davis editor, and Chicago as the place of publication of the journal, which is to be a weekly, more or less upon the model of the *British Medical Journal.*

Winnipeg has organized a Medico-Chirurgical Society, with Dr. Lynch, President, Dr. Whiteford, Dr. Codd, Vice-Presidents, Dr. Covernton, Secretary-Treasurer, and a Council composed of Drs. O'Donnell, Patterson, Jackes, Brett, Philip, and Kerr. The meetings are to be held monthly.

Linseed Meal.—M. Laillu brings to the notice of the profession a preparation of linseed meal, from which the oil has been eliminated by sulphide of carbon. He claims for this meal, that it retains all the therapeutic properties of the ordinary meal, that it contains more mucilage, starch, and albuminoid substances, that less is required to make a good poultice, the poultices are lighter and retain heat longer; in making drinks the disagreeable fatty odour is not developed, and it does not become rancid. —*L'Union Méd.*

THE

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TORONTO, APRIL, 1883.

Original Communications.

NOTES ON THERAPEUTICS.

BY R. L. MACDONNELL, M.D.
(Asst. Demonstrator of Anatomy, McGill University, Montreal.)

The Treatment of the Venereal Diseases.—The Edinburgh *Medical Journal* for November last contains a most readable and instructive article by Mr. A. G. Miller, entitled "Four and a Half Years' Experience in the Sick Wards of the Edinburgh Royal Infirmary." It is the introductory lecture to the course of surgery at Surgeon's Hall, Edinburgh. His remarks on the nature and treatment of the above-named diseases refer entirely to those of females, no males being admitted to Lock Wards at the Infirmary.

Gonorrhœa in the Female.—Dirt is very frequently both a cause and an aggravation of disease in the class of women who come under his care. Cleanliness, therefore, is the first point of treatment. The second item is rest in bed. Lastly, injections were employed. A pint or two of lukewarm water with sufficient Condy's fluid to make it a bright purple to be injected daily with Higginson's long tube. If the discharge was not greatly reduced in a few days, a solution of the sulphate of copper (gr. x to the ʒ) is then ordered for two or three days, but not longer. When the discharge is considerably reduced plain cold water or very weak Condy's fluid is to be used.

Gonorrhœal Warts.—The remedies most useful in keeping down warts are acetic acid and pyrogallic acid painted on, and calomel or best of all, the dessicated sulphate of iron, dusted on. As they depend on moisture and warmth the best way to keep them down is to see that they are dry, and this is most thoroughly effected by the sulphate of iron powder. When the warts are pedunculated they can easily be removed by ligature or scissors.

Chancroids.—Dust with iodoform and keep dry, and they will heal in a few days. The action of iodoform on phagedœnic sores is more remarkable than on ordinary chancroids. To dust iodoform the crystals should be powdered very fine and applied with an insufflator. This should consist of a tube to which is attached a small rubber ball, pressure on which blows out the powder from the nozzle of the tube.

Buboes.—Mr. Miller objects to incisions made early. He thinks that when a bubo is opened early it does not heal quickly, and sinuses are apt to form.

Should suppuration be inevitable he incises it freely from end to end, squeezes out the pus and sloughing texture, and then fills the cavity with iodoform.

A healthy action is induced in a day or two, and the sore heals in a week or ten days.

Syphilis.—The dual theory is maintained by Mr. Miller, and syphilis is regarded as a fever. An evening temperature of 103° has been recorded at the outset of the secondary symptoms.

Condylomata owe their existence to the presence of moisture and warmth. They

grow, therefore, mostly on the genitals in the female, but they are also found in the groin, on the inside of the thigh, round the anus, under the mamma, in the axilla, between the toes, and occasionally on the back of the neck, under the roots of the hair. Dusting with calomel, and the interposition of a piece of dry lint between the labia. The calomel has no specific action being insoluble; but it adheres readily to moist surfaces and, being heavy, it flies in a fine cloud from the dusting instrument. A wonderfully small quantity suffices. Of course the patient must wash and dry herself thoroughly before the dusting, and again before night.

Mr. Miller has frequently demonstrated to the students that a single week of calomel dusting without any internal or other treatment whatever has made a great difference in even the worst cases. Sometimes hardened bases remain, which disappear under the application of sulphate of copper.

Mr. Miller found not uncommonly a syphilitic lupoid ulceration affecting the face and closely resembling lupus exedens. In one of his cases there was seen an ulcerated surface about an inch and a half in width occupying the position of the nose, which had been almost entirely destroyed. The sore healed under twenty grain doses of iodide of potash. I have met with two such cases in the practice of the Montreal Dispensary. The one is already reported.* The other, that of a very old woman, Mrs. C., came to me last summer, telling me that she had lupus. There was an ulcerated surface on one ala of the nose extending to the other side like a saddle. Under the use of iodide of potash it cicatrized though very slowly.

Mr. Miller then makes some remarks upon the actions of certain remedies as observed in the wards.

Mercury.—His faith in mercury has not always been equally strong; but it has always existed. At one time half the patients were treated with, the other half without, mercury. Now and then, a patient had to be shifted to the mercurial side, because she was not getting on so well as the others. And again, the non-mercurial patients who went out of hospital apparently cured came back very soon afterwards. They were then treated with mercury. Lastly, this arbitrary division was given up, and cases were treated on their own merits.

Bichloride of mercury in $\frac{1}{32}$—$\frac{1}{16}$ gr. doses was used. It is a pure form of the drug, and being unmixed with iodine it enables the observer to form a just estimate of its effects. Mercury has been given to almost all patients in the earlier stages of syphilis. It promotes the disappearance of eruptions, and it is useful occasionally in late syphilis in combination with potassium iodide. The former seems to assist the action of the latter.

Mr. Miller is of opinion, and most thinking and reading men will agree with him, that syphilis cannot be what it used to be. Some marvellous change has come over either the constitutions of this generation or over the disease. It is certain that the French malady of Shakespere's time bears merely a generic resemblance to that of to-day, just as the lion resembles the cat, and even within the recollection of living men the symptoms have greatly abated in severity. Mr. Miller thinks phagedœna is rare. It was seldom seen. It is certainly a rare disease in America. Most of us will agree with Dr. Keyes, who says, in his work upon the venereal diseases:

"It is a less serious matter to have syphilis than that one's father should have died of consumption or of cancer. Bad malaria or dyspepsia, or rheumatism or eczema or psoriasis or a number of other maladies are infinitely worse than ordinary syphilis, far harder to manage and more likely to relapse. The danger and severity of common syphilis is much overrated by the profession, as well as by the public.

* *Canada Medical and Surgical Journal*, vol. x., p. 596.

Bad syphilis is undoubtedly a horrible disease; but there is little bad syphilis in the community, compared with the total number diseased."

Salicylate of Soda In Acute Orchitis.—Dr. Henderson, while in charge of the Shanghai General Hospital,* made trial of this agent in the treatment of acute orchitis caused by gonorrhœa. His results in the three cases in which he used it were extremely satisfactory. Case 1. The patient had had gonorrhœa for three weeks, and the testicle had been swollen and painful during the last week. On admission at 10 a.m. the temperature was 102°. The left testicle was about four times larger than the right, and the scrotum covering it was red, being stretched and glossy in front and somewhat œdematous below. Twenty grains of salicylate of soda to be given hourly until the pain should be relieved. At 4.30 p.m. four doses had been taken—namely at 11.10, 12.10, 1.10 and 4. He had sweated profusely, and the pain had greatly diminished. At 8 p.m. his temperature had fallen to 100°, and the medicine was ordered to be continued at intervals of four or six hours. On the following morning the temperature was 98·4°, and he felt easy when lying down. Three days after admission the pain had altogether left him, and the urethral discharge which had ceased upon the supervention of the orchitis returned. No relapse.

Case 2. This was more severe than the last. After six doses of twenty grains the pain was greatly relieved. It began to diminish in intensity after the first dose, when he began to perspire. On the next morning after admission he was quite easy when lying down, and could bear handling of the testicle with ease.

Case 3. The orchitis had gradually become worse, and the patient was found with a temperature of 101°; pulse 90: tongue clean and dry. Had passed a sleepless night. No other treatment, local or general, than the administration of twenty grains of salicylate of soda, every two hours, was adopted. Five doses were taken. After the second dose, he had some ringing in the ears, and began to perspire. After the third dose, the sweating was profuse. At 4.30 p.m., after the fifth dose, the pain was relieved. On the following morning, his temperature was 99°4; pulse 88. He had taken two doses of the medicine during the night. He had slept well, and now complained only of slight pain confined to the upper part of the testicle.

Dr. Henderson advises that only acute cases be selected, the evidence of that condition being a distinct rise of temperature, as ascertained by the thermometer. The dose should not be less than twenty grains, and should be repeated hourly until at least three doses are taken; afterwards the same dose may be continued at longer intervals.

In Acute Tonsillitis. In the *British Medical Journal*, Dr. Edward McKay calls attention to the value of this drug in acute tonsillitis. Given in ten-grain doses every two or four hours, it lessened the pyrexia, and afforded relief at once to the pain. One, a surgeon, himself a sufferer, notes marked relief within twenty minutes. His treatment is by no means new. Dr. McKay cites his cases merely as evidence in favour of the use of the remedy. Hormazdi recommends 20-grain doses; and having noted relief in 57 cases of tonsillitis caused by cold and damp, concludes that such cases give the best results, and that when the malady arises from bad air or drainage, it is less amenable. Dr. McKay finds it useful in all cases.

As a Local Application in Gout. The same writer, in the same journal, cites three cases of gout in which great relief was afforded. But he has not given the salt alone. His lotion is composed of two drachms of salicylate of soda, and one or two drachms of laudanum, in eight ounces

* *Lancet*, 1882, vol. ii., p. 1027.

of water. This is applied warm on the lint, and of course the pain is eased. Did he try it without the laudanum? Most practitioners have had satisfactory results with this lotion without any salicylate of soda at all.

The Treatment of Delirium Tremens.—The great object in treatment is to supply the system with nourishment. This is the text of an article in the January number of the PRACTITIONER, by Dr. F. P. Atkinson. Death in alcoholism depends upon loss of sleep, but that depends in its turn upon want of food. The most important part of the treatment is to improve the quality of the blood as quickly as possible, by throwing into the system frequent supplies of light, nourishing, and easily digestible food. Dr. Atkinson suggests half a tin of Brand's liquid essence of beef and half a pint of milk, to be taken alternately every two hours. The beef essence is to be obtained at any leading chemist's. It is remarkably easily taken, and very palatable. The expense of it is its only drawback. The milk might be rendered much more pleasant to take by the addition of iced soda water.

The first dose of twenty-five grains of chloral, with thirty minims of compound tincture of cardamoms does not usually produce much effect, inasmuch as the brain is without the nourishment it requires; but after the second dose the food begins to tell, and sleep generally results. After ten or twelve hours' sleep has been obtained, the chloral may be stopped, and a mixture of five minims of the tincture of nux vomica with thirty minims of the compound tincture of gentian, may be given with it. This restores the tone of the nervous system and stomach, and creates an appetite. A little tincture of euonymin may next be substituted for the nux vomica, and some Carlsbad salt may be given in the morning when required.

Dr. Atkinson is glad to think that the homœopathic, or the "hair-of-the-dog-that-bit-you" plan of treatment, is well nigh exploded. A body is saturated with a poison, and to obviate the effects of that poison we give more of it.

Apomorphia in Cases of Poisoning.—The alkaloid should be kept in a solution of 1 in 50 strength, and be given subcutaneously in doses of from 3½ to 10 minims (1/15—1/5 grain). Emesis occurs in from two to five minutes, the contents of the stomach being usually voided in one rush without previous nausea, but with violent and visible muscular action of the stomach walls.

Dr. A. Routh * injected five minims of the above solution in a case of poisoning by oxalic acid. Emesis occurred in 2½ minutes by the watch. The case did not recover. A lady had swallowed two bottles and a half of brandy. Shortly afterwards she became comatose, respiration stertorous and infrequent, pupils dilated and insensible, jaws clenched, pulse slow, and intermitting two or three beats in every eight. Three drops and a half of the solution were injected, and in exactly three minutes and a half, about a pint of alcoholic liquid was expelled, and altogether, in about five minutes, a quart (measured) of hardly altered brandy was vomited. The pulse and respiration now improved, the pupils becoming slightly sensible. After twelve hours' sleep she awoke none the worse.

The advantages of apomorphia are its celerity of action and that it can be given under the skin. It fails to cause vomiting in chloroform narcosis, but no other drug seems to be antagonistic to it, and there is no reason why it should not be used to get rid of even morphia itself.

The editor of the *Lancet*, in his review of the *Annus Medicus*, 1882, alludes to the introduction of apomorphia as one of the events of the year, and calls attention to the remarkable cases above cited. Apomorphia is mentioned in few of the materia medica books even of the last year. Far-

* *Lancet*, 1882, vol. ii., p. 1073.

quharson merely mentions it, giving the emetic dose at 1/15 grain hypodermically. It has been in use for several years. I was surprised at the time to find that the 1879 edition of Ringer's Therapeutics did not mention it.

A CASE OF HIP DISEASE, WITH REMARKS.

WM. CANNIFF, M.D., M.R.C.S., ENG.

Eveline B——, aged 11, first came under my care on the 19th April, 1882. The following history of her ailment is derived from the patient's parent and the little patient herself :—

The child was always very active and full of life. When about six years of age, while at the sea-side in England, she, when running, met with a fall. She came to the ground with the left leg extended in an unnatural manner, and was unable to rise or walk. She was carried to her room, and for a day or two was lame, and then seemed to be all right. About a year later she was struck by a playmate with a poker. From the description given of the place, it is likely that the seat of injury was over some portion of the crest of the ileum of the left side. However, the blow was not followed by any immediate trouble. This occurred in the month of November, 1877. At the beginning of January following she was siezed with attacks of violent pain in the left groin. They came on with remarkable regularity twice a day, lasting from eleven to twelve in the morning, and from six to seven in the evening. These paroxysms continued for just three weeks. The pain was so severe that she would give vent to loud screams. There were neither swelling nor redness observable anywhere. They believed the attacks were due to rheumatism or growing pains. Between the paroxysms she could walk about, and in every way appeared to be quite well. In the following September, 1878, the child began to limp. The pain was now continuous, but never so severe as before. By the following March, 1879, she had become much worse, and for the first time medical aid was procured, the consulting surgeon to the Royal Infirmary, Manchester, being consulted. He regarded it as a case of hip-joint disease, and treated the patient by extension with the pulley and a three pound weight. This was continued for three or four weeks, when the surgeon recommended her removal to the Children's Hospital, where he could treat her to better advantage. At this time there was a little swelling of the part. The day after admission an operation was performed to remove an accumulation of fluid in the joint. They did not learn as to the quantity or character of the fluid removed. A long splint was then applied, which remained on for eight weeks. A starch bandage was now substituted, extending from the waist, which it surrounded, to the leg below the knee, and the child returned home. The bandage remained on until December, having been used for about six months. During this time she had gone about on crutches. The general health had not at any time been much impaired. When the starch bandage was taken off not much change was observed in the appearance of the hip ; the limb seemed thinner and straighter. In the following month, January, 1880, a small swelling appeared two inches above the knee. A scar marks the place, which is at the outer margin of the rectus femoris. A week later the abscess opened and discharged about half a pint of creamy, healthy-looking matter. The surgeon, who now again saw the patient, expressed no opinion as to the source of the matter, and recommended the application of carbolized oil. Meanwhile the patient was going about on crutches, always avoiding the use of the limb as much as possible, by the advice of the surgeon. Her health still remained very good.

In July, 1880, she sailed with her parents for Canada. While on the voyage the discharge ceased. The limb continued in

much the same condition until the month of March, 1881, when, now living in Toronto, a second abscess formed, pointing in the groin. It was allowed to open itself, and discharged about the same quantity as the former one had done, and of a similar looking matter. This also closed in July following. Her health continued good. She was very active on her crutch, and during the summer went to school. Her activity was remarkable, and she was noted for her exploits on one leg and the crutch. With the affected limb flying about, she would equal any one in speed up or down a hill, and could use the skipping-rope until she counted her hundred.

About the middle of September, 1881, a third abscess formed and opened. The discharge was copious, and of the same character as the former. This opening still exists, and is situated above Poupart's ligament, about an inch and a half from the superior spinous process.

At this time a homœopath was consulted, who recommended Hydroleine and nourishing food. The discharge during the next few months varied in quantity, and would occasionally cease, but soon re-appear. She continued to go to school most of the time. In March, 1882, the discharge again became abundant, and the patient began to fail in health, and lost flesh and appetite. In April following I began to attend her.

The appearance of the girl at this time was characteristic of hip-joint disease in the third stage. She was confined to her bed; was pale and emaciated; had little appetite and ability to take food; she passed restless nights; I accepted the statement that she had hip-joint disease. There was much swelling over the iliac region, extending below the trochanter major. The limb was shortened, slightly adducted, and the thigh somewhat in advance of its fellow. She complained of much pain, which was increased by any attempt at motion of the limb. The pus seemed laudable. She was very excitable and fretful. I concluded there was probably some dead bone, and that an operation, sooner or later, would be found necessary. An attempt to use the probe so terrified the patient that I did not use it; and, in fact, I have never used it; having been able to satisfy myself on material points for treatment without.

The treatment adopted was to strengthen the appetite, build up the system, meanwhile making the limb as comfortable as possible by attention to position and rest, also securing adequate discharge from the sinus. Wyeth's preparations were found useful in bringing the stomach into condition to take and digest food, which largely consisted of milk and egg, with Hydroleine and Putner's Emulsion. The Elix. gent. with tinct. iron was continued for several months with great benefit. Under this management the general health gradually improved, the discharge became less, and the pain greatly diminished, even when the limb was moved. The motion, however, was limited. Attempts to extend the motion produced pain in the course of the adductor muscles. During the month of June I found increased swelling above and anterior to the trochanter major, followed by fluctuation. The patient was directed to lie more upon the stomach to favour discharge from the groin.

This had the desired effect, and the fluctuation and swelling referred to gradually subsided. The health of the patient continued to improve, and during the summer months she was, when the weather permitted, carried to the garden where a place was prepared for her to lie down. Toward the latter part of July she complained of pain in the back, and upon examination I found over the last lumbar vertebra and upper part of the sacrum, some swelling and tenderness. I decided to leave it alone so long as her health continued fair, and wait. Lying upon her stomach had no effect in increasing the discharge, or arresting the swelling; but it very slowly increased so that at the end of several weeks fluctuation could be detected. After this the increase

was more rapid. However, as her health continued satisfactory I was in no hurry to make an incision. At last febrile symptoms having appeared, an opening was made on the 25th Oct. The pus of this abscess was found to be healthy and free of smell. A poultice was at once applied, and the matter allowed to escape by degrees, no pressure being made. The febrile symptoms soon disappeared, and the general condition was satisfactory. I now noticed that she had greater use of the limb, and that moving it gave little pain. The limited movements of the limb seemed due to contractions of the muscles and adhesions in the vicinity of the abscesses of the thigh and groin. I could flex and rotate the thigh with no pain to the patient. There was little or no tenderness from pressure over the trochanter. Flexing the leg, the knee could be rapped sharply without causing pain in the hip joint. This was a state of affairs I had not anticipated. Taking it for granted that the primary trouble was in the joint, the disease had evidently not only departed from it, but had left the joint in a functionally very good condition. Finding this I instructed the patient to move about more and try to use the limb. Since that time she has acquired more use of the limb, and, I believe, could walk upon it if it were not shortened. Her health has improved and is now fully re-established. At the present time the discharge at the groin is very limited, and, from the contraction around the mouth of the sinus, seems likely soon to close. The discharge from the back shows no sign of ceasing, but it is never great. It is sometimes watery; but otherwise laudable pus. It does not irritate the integument around the opening.

The question naturally arises, What is the cause of the continued suppuration? What is its source? In a word, what is, and has been the pathological state of the structures involved.

A few days ago I made a careful examination of the patient. Directed to stand as erect as possible, it is observed, looking at the back, that the spinal column is seemingly almost in a line with the axis of the right or sound leg. A closer observation shows that the pelvis is oblique, the left crest being nearly four inches higher than the right. The lumbar portion of the spine is curved. The left buttock stands out with marked prominence. The left leg is slightly flexed at the knee, and the limb slightly inclines across the opposite leg, but can be brought by the patient on a line with its fellow. The heel can be brought to about four inches from the floor, the toes about three. The limbs measured, while the patient is lying down, from the anterior superior spinous process to the ankle, shows the left leg to be one inch and a half shorter than the right one. From the summit of the crest to the heel of the left side, it is nearly four inches less than in the right. The thickened and indurated condition of the part prevents a satisfactory examination of the trochanter. The outlines are indistinct. But the distance from the pubes to the trochanter is pretty much the same. From the left superior spinous process to the trochanter, the distance is about an inch less than on the opposite side.

From the history of the case and the present symptoms, it will be seen that it is in several respects very singular. We have not the ordinary features characteristic of morbus coxarius; or rather, we have with many of the usual features, others of an exceptional character. To these I will now refer in the order in which they appear in the history of the case.

The first peculiarity was the paroxysmal pains, occuring twice a day at regular hours and the absence of any other symptoms. She was quite well between the attacks, and at the end of three weeks, without any treatment, the attacks ceased. After this she was seemingly quite well for about eight months. Now I must confess my inability to account for these very distressing paroxysms of pain. We may take it for

granted that either the fall, or the blow with the poker, or probably both, had in some way injured the structures of the joint so as to set up morbid action. Such accidents are a common cause of the disease; but in what way any pathological condition could give rise to the single symptom of regular periodical pains, followed by apparent health, is a question I cannot undertake to answer.

The formation of an abscess on the anterior and outer side of the thigh, near the knee, was an unusual occurrence. Of course it is a common occurrence to have pus burrowing from the seat of disease among the muscles; but the places where pointing usually takes place are behind the joint, or just below the tensor vaginæ femoris, or in front of the joint, or at Poupart's ligament, or, by passing down by the side of the rectum, open on the back of the thigh. We find that in the summer of 1881, a year after coming to Canada, after a second abscess had closed in the groin, that the little girl was remarkably active, and that, although she did not attempt to use the leg in the way of walking, she was flying about on a crutch, and was good at using the skipping rope; and that the limb was allowed to swing about without any pain or discomfort in the hip joint. There can be but one inference respecting the joint at this time: namely, that there was no active disease there. Whatever may have been the condition of the joint while under treatment in Manchester, at this time the disease was evidently situated within the pelvis. From the account given of the case, it may be that the disease originated in the joint, beginning in the acetabulum. Whether there has been structural change in the constituents of the joint may be questioned. Or, it may be deemed quite possible that an external injury should affect the pelvic surface over the acetabulum, and that the resulting inflammation of the bone should produce inflammatory action within the contiguous joint, that this latter action might come short of producing structural change and that eventually the inflammation should disappear from the joint, while intra-pelvic disease of the bone was in a state of progress. On this supposition we could account for the absence of pain in the joint at the present as well as at that time.

The aggravated symptoms and loss of health in March, shortly before I saw the patient, marked a crisis in the disease. According to statistics, disease involving the bones within the pelvis is usually fatal. But there are exceptions. Probably much depends upon whether there be caries or necrosis of the bone. In the former there is generally some constitutional fault, constituting the predisposing cause, so that the efforts at repair of the lung tissue are not by a want of vitality or a destructive action in the tissues, which cannot be overcome or resisted. While the older authorities, with a few modern ones, hold the opinion that morbus coxarius is always due to a constitutional cause of a a scrofulous nature, I am of the opinion that in many cases the disease has only a traumatic origin. In this view not a few recent able writers coincide. In this case there is one fact which, to my mind, is sufficient proof that no caries has been present. I refer to the character of the discharge. At no time has it caused irritation of the skin around the sinus. Had the pus contained the debris of disorganized tissue, it would not have always presented the healthy appearance it has, and more or less irritation of the skin would have existed. As we have seen, the patient gradually rallied and after a few months recovered her previous state of health.

I now come to a noteworthy feature of the case, the unexpected formation of an abscess in the lumbar region. The origin of the pus is uncertain. Has the spine become affected, or has the pus, arising from iliac disease, found its way through the structures? Taking everything into considera-

tion, I am inclined to think that the disease, originally in the ilium, has extended by contiguity to the sacrum and left lumbar vertebræ, and that a new outlet was made by nature at a dependent point.

It will be noticed that in opening the lumbar abscess I made a free incision, without any what is called antiseptic precautions. I may state that I particularly inquired to ascertain if the discharge from either of the sinuses had at any time had an offensive smell; but the reply declared that such had never been the case. Except cleanliness nothing had ever been done in the way of antiseptic treatment. In my practice I have had occasion to open a goodly number of psoas and other chronic abscesses, and I have for a long time pursued the course I did on this occasion. After making a free incision, I apply a poultice, avoiding pressure or squeezing out of the pus; but allowing the matter to gradually flow through an unobstructed outlet. By this means the walls of the abscess and surrounding tissue can contract as the fluid flows out, and thus there is less probability of air entering to supply the place of the evacuated pus. The poultice at the time soothing, is of no use after a day or two; but may prove injurious. A pad of lint or two is then substituted. Particular care is taken to have a continuous free outlet for the discharge, and lint may be temporarily introduced from time to time.

There are two other features of the case I wish to speak of:—namely, the seeming integrity of the joint at the present time, and the marked prominence of the buttock of the affected side. When suppuration takes place within the capsular ligament, from disease of the femoral or acetabular portion of the joint, there usually follows more or less disorganization of bone, cartilage, ligaments, and synovial membrane; and when recovery takes place it is with the loss altogether, or mostly, of the function of the joint. There may be anchylosis by ossific union, or new formation of bone, as in the specimen before you, may so lock the bones as to render motion all but impossible. The useful condition of the joint is more remarkable on account of the appearance of the iliac region above. Commonly hip-joint disease leads sooner or later to flattening of the nates. Long continued disease of the gluteal muscles results in atrophy. Now in this case the part is abnormally full. This seems to be due to thickening of the ilium, and the gluteal muscles, due probably to adventitious material thrown out in the tissues from inflammatory action. But although the function of the hip joint is so good it does not follow that no structural change has taken place in the bony constituents of the joint. Indeed the measurements I have given would seem to indicate some altered condition, either in the neck of the femur, or in the acetabulum. Not unlikely the bone, being for some time in a softened state, has yielded to continuous pressure at the intra-articular surfaces; the neck of the femur becoming shortened, or what is more likely, the acetabulum becoming deeper and higher. With regard to the ultimate result of the case, I dare not speak with any degree of certainty. But on the whole I have great hopes that recovery, with a shortened limb, will finally take place. With no sign of caries, and the health of the child re-established, there is a strong probability that any necrosed bone, which may exist, perhaps at present imprisoned by new bone, will either find its way to the surface, or be gradually softened and carried out in the discharge. Then we may reasonably expect that the efforts of nature, which have been so marked in the past, will fully restore the parts to usefulness. The child is shortly to have an artificial foot, and I have no doubt will very soon be able to walk. In time—probably without limping.

Charles Reade, novelist, is credited with having named a dog Tonic, because it was a mixture of bark, steal, and whine.—*Med. Age.*

CASES IN PRACTICE.

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A CASE OF MULTIPLE MELANOTIC SARCOMA.

J. T., aet. 52, born in Ireland; occupation, farmer; admitted to Toronto General Hospital, Dec. 6th, 1878. History of present attack:—Some weeks ago the patient, after a long walk, experienced a good deal of pain in the right groin, and, on examination, found three swellings, irregular in shape, and each the size of a pigeon's egg. During the previous August he noticed on the outer side of the right thigh a tumour, which afterwards became a cauliflower excresence about the size of a large bean. A few weeks before admission he first consulted a physician, principally on account of the state of his bowels, which were obstinately constipated. The tumours in the groin had not increased much in size up to the time of his admission into the Toronto Hospital. Since then, however, they have increased very rapidly, and have become painful and tender on pressure. During the past week there have appeared on different parts of his body, in the subcutaneous tissue, several small tumours, varying in size from a pin's head to that of a pea. His appetite has failed, and he is rapidly losing flesh. His health previous to the onset of the present disease has been good.

Family History.—Parents lived to an old age. He has several brothers and sisters who are in good health. He had a family of six children, all healthy. He has been a hard-working, temperate man.

Present Condition.—He is very tall and much emaciated. On the surface of the body there are several small, dark tumours, some existing in the subcutaneous areolar tissue, and others in the corium. They were situated as follows:—(1) Right inguinal region, 3; umbilical, 3; right lumbar, 3; epigastric, 3; right infra mammary, 3; right mammary, 3; right arm, 1; left arm, 1; left infra clavicula, 4; left mammary, 1; left infra mammary, 1; left axilla, 4; left lumbar, 3. There were in all thirty-three tumors. The viscera of the thorax were normal so far as could be made out by physical examination. There is no marked or general enlargement of the lymphatic glands. The patient left the Hospital on the day following that on which his history was taken, viz., Dec. 17th. From a letter, received from his wife some time afterwards, I learned that the patient went down rapidly after leaving the Hospital, and died during the month of February.

Remarks.—The earliest manifestation of the disease, so far as is shown by the history, was on the outside of the right thigh, and existed in the form of a cutaneous tumour, which rapidly assumed the form of a cauliflower excresence. The disease spread rapidly, the internal organs becoming affected, as was shown by the emaciation, and loss of strength. The disease ran a more rapid course than is usually the case in sarcoma of the skin.

PSORIASIS FOLLOWING URTICARIA PAPULOSA.

This case came under observation in August, 1881, when the following notes were taken:—E. B., aet. 13, has been quite healthy with the exception of present disease. About six years ago a rash appeared on the skin during the summer months which gradually went away when the cold weather came. During the following spring the skin was again affected. It has thus attacked the patient each spring, existing to a greater or less extent in the summer, and disappearing in the winter. It lasts usually from the middle of March until the latter part of October. It begins over the extensor surfaces, especially of the forearm, gradually spreading to the flexor surfaces and to other parts of the body. At present (August 20th, 1881) the rash is thicker, and more irritable in appearance over the hips than over the other parts, but exists more or less over the whole surface of the body. It is

made up principally of papules, which are surmounted either by small crusts or coagulated blood. They are extremely irritable, and the itching is intense, especially at night. Besides the papules, there also exist patches of Erythema about the size of a twenty-five cent piece. The eruption appears to come on in successive crops, and by the time one attack has nearly passed off, another follows. The patient states that frequently it comes on at night with intense itching, and in the morning there will be found a number of fresh papules and vesicles. These vesicles if left to themselves will shortly form sort of pustules, which are extremely sore. When the tops are torn off small scabs form, and these scabs shortly fall off, leaving a slight mark. If the scab is torn off prematurely a bleeding top is left, and the scab is reformed. The eruption exists on the scalp as well as on other parts of the body. There is no infiltration of the skin between the papules. They are discrete and irregular in their arrangement. The papules and vesicles do not form as the result of rubbing, as they have appeared on parts protected from external irritation. The most intense itching exists when the papules first appear. The house in which patient lives is clean. There are six other children, none of whom suffer from any disease of the skin. Made enquiries as to the possibility of fleas, bed bugs, etc., being the cause. They do not exist in the house. If they were the cause of the eruption, other members of the family would be affected. Prescribed for patient a mild alkaline purgative, and the daily use of baths in which sodæ bicarb was dissolved.

September 6th.—Saw the patient to-day. The eruption has disappeared to a very large extent; the trunk is almost free from it. There are some papules and scales on the backs of the hands and the arms. There are only two or three new spots.

September 15th.—A new eruption made its appearance two days ago. There exist now some papules, with broken vesicles, and others surmounted by crusts of dried blood. Also, elevated, flat surfaces, partly covered by broken vesicles. The papules are from the size of a pin's head to that of a pea.

From this time the eruption subsided. In the winter it had entirely disappeared.

The patient was not seen again until the following September (1882). The mother told me that the usual eruption did not appear in the spring, but that instead another form of disease showed itself. On examination, I was surprised to find a very typical form of psoriasis existing on the extensor surface of the arms and legs. The patches were not numerous, and were from the size of a ten cent piece to that of a large penny. The disease existed principally on the legs, near the knees.

February, 1883.—During this month I again saw the patient. The psoriasis still continues, the patches being somewhat more numerous than during the summer.

I prescribed arsenic internally, and ung. picis liq. ʒ ij., zinci oxidi ʒ ss., ung. aquæ rosæ ʒ i., for external application.

Remarks.—There is little doubt but that the eruption from which the patient suffered, on and off for six years, was the lichen urticatus of the older writers, or urticaria papulosa of Durhing. It differed from the description given in text-books, in that there were vesicles surmounting the papules, and that a mark was left on the seat of the papule, which did not disappear for some months. Another striking peculiarity was its recurrence during the warm weather. The eruption resembled very much those cases which one can see in such numbers in the London Clinic, and to which Mr. Hutchinson has given the name "summer prurigo." With regard to those cases, the writer was told by Mr. Waren Tay that they belong to people of the lower classes, and almost invariably get better after they were taken into the hospital, proving that the condition is caused by either want of clean-

liness or bad food, perhaps both. The case narrated occurred in the family of a mechanic. A very interesting feature was the termination of the disease, and the appearance of ordinary psoriasis. No psoriatic spots existed in the autumn of 1881, as a careful examination of the whole body was made. There was also no appearance of the urticaria papulosa after the psoriasis was discovered. If, as is supposed by many, both diseases are caused by some obscure nerve lesion, one can more easily understand how one condition could readily follow the other.

HERPETIC TONSILLITIS, OR DIPHTHERIA?

BY MR. C. M. FOSTER, CLINICAL CLERK.

The following two cases of throat trouble, admitted into the General Hospital, Toronto, under the care of Dr. Cameron, present some points of interest, in relation to the diagnosis of diphtheria, from other throat affections which resemble it more or less closely.

Case 1. J. K., æt. 21, a strong healthy-looking young man, whose past history was in every respect good, and whose family history was also good, with the exception of a brother who was much subject to attacks of quinsy.

On the 18th of January he complained of slight drowsiness and chills in the forenoon. These became increased during the afternoon, together with severe frontal headache and pains down the thighs and legs; during the following night there was a good deal of fever, restlessness, and copious perspiration. On the 19th he felt better but kept in bed; in the evening the throat became swollen and painful, causing painful deglutition; "small painful lumps" were noticed at the angles of the jaws, more especially on the right side.

Throughout the night there was acute delirium, the patient talking loudly and making several attempts to leave the house; vomiting occurred five times during the night; the face was swollen and very much flushed; saliva kept constantly pouring from the mouth. When admtted to the hospital, on the 22nd, the pharynx, palate, and fauces were very much swollen and congested, the tonsils especially. On the posterior wall of the pharynx three oval patches of a thin greyish deposit were seen, each being about $\frac{3}{4}$ by $\frac{1}{4}$ inch. It was found impossible to detach these without giving considerable pain, so that the attempt was abandoned; a similar but smaller patch on the left posterior pillar of the fauces was partially removed, leaving behind it simply a reddened and congested surface, without any bleeding points or ulceration. A curled up *διφθερα* or pellicle was adherent to right side of uvula. There was dyspnœa and huskiness of voice, the former being very much relieved on expectoration of considerable quantities of membranous shreds, some of which required some force to tear them apart.

On the 26th there was some improvement in the general symptoms; only one patch could be seen on the posterior wall of the pharynx which appeared to be due to the coalescence of two of those which were first seen, being about $\frac{3}{4} \times \frac{1}{2}$ in.; on the tonsils were a few small points of deposit about the size of a pea. Some of which were yellowish, soft, and pultaceous, and easily removable; other of these points appeared flatter, greyer, and less easily removable.

Improvement gradually continued until February 1st, when all the symptoms had disappeared; on the second the patient left the Hospital feeling quite well and without any unpleasant after effects of his illness, beyond symptoms of a slight bronchial inflammation.

While in the Hospital the temperature did not at any time exceed 100°; on the 27th it had gone down to normal.

The pulse varied from 90 to 66, being at no time notably weak or irregular. The treatment in this case consisted in rest in

bed, a milk diet and eggs, and the following mixture:—

R. Acidi Sulphurosi, ʒ ij.
Acidi Muriatici diluti, ʒ ijj.
Syrupi Aurantii, ʒ iij.
Aquæ, adʒ viii.
M. Sig. ʒ s s ex aq. o. h. iii.

Case II. W. D., æt. 23. Family history good; had himself been subject to frequent attacks of "sore throat;" but none so severe as the present. Had nursed J. K. until the latter was admitted to the hospital, and on the day after, *i. e.*, the 23rd, complained of general malaise, chilliness, and pains extending from the loins to the feet; very restless and feverish through the night; felt better next morning, pain in lower limbs having disappeared and feverishness not so great; kept in bed during the 24th; about 4 or 5 p.m. noticed difficulty in swallowing and pain about the angles of the lower jaw; during the night there was a considerable increase of feverishness with dyspnœa and general prostration.

There was no headache, delirium, or vomiting. Admitted on the 26th; tonsils, fauces, and pharynx very much swollen and congested, glandular swelling and tenderness at angles of lower jaw; three or four small greyish spots on the tonsils, and one large patch 1 x ¾ in. on the posterior wall of pharynx; these had a precisely similar appearance to those seen in the first case, and removal gave the same results.

Patient complained of great thirst; temperature 104° 3/5, perspiring freely, breath offensive, breathing difficult, voice husky.

On the 27th there was less dyspnœa and the patient felt easier; temperature, 103° 2/5; pulse 104. Urine contained a slight trace of albumen.

The tonsils were still very much swollen, but all the points of deposit had disappeared; on the posterior wall of the pharynx were four small patches having a semi-transparent, greyish-white appearance. On the 29th patient said he felt quite well, temperature normal; pulse 98, slight cough with a few moist rales present, swollen and congested condition of throat greatly diminished. Only one small patch on pharynx.

Feb. 1st, Temperature normal, pulse 75, urine S. G. 1,023, no albumen.

Feb. 2nd, left the hospital.

The general treatment in this case was similar to case 1.; the following mixtures were given:—

R. Quiniæ Sulph. ʒ i. *et*
Acidi Sulphurosi ʒ ij.
Syr. Aurantii, ʒ ij.
M. Sig. ʒ ij ex. aq. o. h iii.

R. Acidi Boracici, ʒ iij
Glycerini, ʒ i.
Aq. ad. O i.
M. Sig. To be used as a gargle frequently.

The most important point in connection with these cases is the arrival at a correct diagnosis. Many of the symptoms would seem to point to diphtheria and would very possibly have been at once put down to that disease by some, more especially those whose cases of diphtheria are both numerous and are attended with a remarkably large percentage of cures.

The true nature of the disease in these cases seems to be clearly indicated by the remarks made by Professor William Pepper, in a clinical lecture delivered at the Hospital of the University of Pennsylvania, in November, 1882, and reported in the *Philadelphia Medical Times* for February 10th, 1883. The subject of the lecture was "Herpetic Tonsillitis: its Relation to Diphtheria." In this form of Tonsillitis there is redness and swelling of the pharynx, fauces, and tonsils, upon which latter in the severer cases are found "from one to a dozen white spots, which are slightly prominent, and rising above the surface of the tonsils." These spots, Prof. Pepper goes on to say, are not fever deposits, and cannot be stripped off, being simply "the crypts of the tonsil, distended with a clear or cheesy material."

The high temperature in Case II. may have its explanation in the following remark made by Prof. Pepper, he says:—"In adults this apparently trivial affection may be ushered in by marked chill, vomiting, high fever (a temperatnre of 104°), rapid

pulse (115 per minute), headache, backache, pains in the limbs, intense soreness in the throat, and great difficulty in swallowing."

He states further that he has frequently seen the separate spots run into one another to form irregular white patches, which may be associated with membranous exudation upon the surface of the tonsils, rendering the differential diagnosis exceedingly difficult. Nevertheless, however different the diagnosis may be, this disease which is under consideration in the lecture is essentially and entirely separate from true diphtheria.

On the tonsils, in each case, greyish-white spots were seen, not removable by gentle manipulation, together with other more prominent ones, having a more distinctly yellowish color and easily removable.

It may be worth while mentioning that the walls of the stables in which both these men worked were damp, and covered with a green fungoid-looking growth.

The remarks made by Prof. Pepper on Herpetic Tonsillitis would appear to be applicable to the two cases, the histories of which have been given, and would therefore diagnose them as examples of that disease.

Selections: Medicine.

LECTURE ON EMPHYSEMA.

BY BEVERLEY ROBINSON, M.D.

The older writers defined emphysema as an infiltration of air into the cellular tissue of the lung between the lobules. Later researches have shown that this interlobular form is rare, the commoner form is vesicular in which the pulmonary alveoli and sometimes the terminal division of the bronchi are enlarged.

Vesicular emphysema is the more important form, on account of its symptoms and also by reason of the tissue changes, consequent upon its continuous presence. It is sub-divided into varieties according to the manner in which the pulmonary tissue is affected. *Partial* lobular emphysema when only a portion of a lobule is affected the remainder being normal, and *real lobular emphysema* when the entire lobule is equally dilated. The first, seldom exists alone but generally accompanies the second, which is frequently found at the free margins of the lungs. Lobular emphysema often accompanies pulmonary phthisis and pneumonia. The dilated lobules are prominent and bulging, and the interlobular septa, are seldom, and only in very rare cases, broken down.

The third form of vesicular emphysema, and the most important is the lobar. It may attack both lungs, and if severe be the immediate cause of death. The surface of the lung is smooth, the interlobular septa have disappeared. The lung appears to be too large for the chest, and the ribs and sternum cause depressions on the lung surface. It has a doughy consistence. The air sacs at first only dilated, gradually become thinner, until two or more communicate; at this stage, interlobular emphysema is sometimes present, and generally spreads from some point near the root of the lung. The larger air sacs are near the distal portions of the lung. The capillaries are widely separated, producing the white appearance. The perforations of the alveolar walls in lobar is more frequent than in lobular emphysema, even when the dilatation is not greater, showing that the degeneration of lung tissue is further advanced. The large bronchi are dilated, and their mucous lining thickened, the small tubes narrowed and bloodless. The circular muscular fibres are more developed than in healthy lungs.

In interlobular emphysema, the air passes into the cellular tissue between the lobules, and may penetrate into the mediastinum and cellular tissue of the neck. The worst cases have been found in children, after severe attacks of whooping cough.

Vesicular emphysema shows dilatation of

the alveoli, their perforation and atrophy; it is more marked at the apex, and along the margins of the lung. If it follows a violent and persistent cough, mechanical obstruction appears to be the method of production. If, as sometimes occurs, it comes on insidiously without cough, the changes are due to some constitutional dyscrasia. Senile changes affect the lung tissue, as well as other parts of the body. In lobar emphysema, fatty degeneration of the walls surrounding the air sacs, has been affirmed; fibrosis of lung tissue from prolonged bronchial congestion, is another explanation. From the fact that there is an hereditary tendency to the transmission of emphysema, as in gout, forces the opinion that there is an underlying blood dyscrasia in most of these cases not explainable by mechanical obstacle.

The general nature of the affection is shown by its insidious progress, its hereditary character, implication of both lungs in their entire extent, and the effects of remedial measures, which are likewise found useful in degenerative changes of other organs.

Two theories of the formation of Emphysema are:—1. That forced inspiration dilates and breaks through the air cells; 2. That forced expiration is the efficient factor. The first view was based upon the supposition that the air cells contained retained air—which forced inspiration compressed—a mucous plug obstructing its outflow. The expiratory effort being the stronger would force air past any obstruction which allowed air to pass on inspiration, and the shape of the bronchial tube would permit an obstructing plug to move more easily in the expiratory direction than the inspiratory. The result would be atelectasis, not emphysema. Traube's experiments support this explanation. The expiratory theory of emphysema is further borne out by the fact that in forced expiration after cough the supra-clavicular spaces become bulged out and hyper-resonant; the margins of the base and the anterior borders of the lungs being outside of the direct axis of pressure, and containing less air than other portions of the lungs are apt to become emphysematous. In forced expiration the diaphragm and thoracic parietes contract with force to press the air toward the apices and anterior borders—the cartilaginous portions of the ribs yield to the pressure, allowing expansion—as in a case of absence of the sternum, on forced expiration, the anterior borders of the lungs become prominent through the opening present. Thus it is seen that the causes, pathology, and mechanism of lobular and lobar emphysema differ much. A prominent symptom of emphysema is a constant sense of oppression, or smothering, which is most painful to witness, and may be aggravated by bronchial, gastric, or emotional causes. Such patients are usually more tranquil, and suffer less in summer. Such patients cannot sleep, and are troubled with real asthmatic attacks, with cyanosis, lowering of temperature, icy extremities. Expectoration abundant. After intense and painful cough during the day, the expectoration is small in quantity, though the cough be severe. The sputa may be tinged with blood, owing to rupture of some of the altered capillary vessels. Pain is sometimes present at the epigastric region, and may be increased by pressure. The right side of the heart may be enlarged and the liver congested. It is only in very advanced cases that we find evidences of valvular incompetency of the heart.

The physical signs are numerous. The shape of the chest, if the affection be bilateral, is larger; the ribs more prominent, the intercostal muscles sunken, the movements peculiar—moving up and down instead of expanding—the back is curved antero-posteriorly, the shoulders carried forward, the abdomen prominent, and its movements exaggerated. The inspirations are short and quick; expirations, long-drawn and jerky.

Percussion over the anterior and upper chest gives hyper-resonance, also over the precardial region; however, pleuritic adhesions may prevent the lung from overlapping the heart. The apex beat cannot be felt or seen. Near the ensiform cartilage we have epigastric pulsations and dullness. Heart-beats are distant. If scarcely audible at both apex and base, the heart has been carried backwards; if dullness is pronounced in lower sternal region, and epigastric pulsations are exaggerated, the heart has been carried forwards and to the right side. Inspiration, short and feeble; expiration, prolonged and noisy. This weakness of the respiratory action may be present before percussion gives hyper-resonance. There is but a slight difference in the size of the chest before and after inspiration and expiration. Circulation is interfered with and temperature lowered from insufficient aeration of the blood. Congestive bronchitis frequently complicates the disease, and the sputa are rapidly formed, and endanger life by causing apnœa. There is a tendency to the formation of fibrinous clots in the pulmonary arteries and right heart. Severe asthmatic attacks cause an increase of the muscular layer of the bronchi and hypertrophy of the heart, with tricuspid regurgitation and general anasarca; and, owing to the displacement of the heart, even if there be forcible pulsations, the pulse is feeble and weak.

The primary indication for treatment is to avoid accidents which may develop complications, or augment existing bad symptoms. Emphysema is usually more serious in adult life than in old age, as then the respiratory need is greater, and there is more danger of attacks of acute bronchitis. To those who look upon the disease as of bronchitic origin, the treatment is largely climatic; to those who regard it as a dyscrasic affection, such treatment is not sufficient, but constitutional remedies must be used; and chief of these is iron, and careful attention paid to diet and regimen. Strychnia is contra-indicated; breathing compressed air has been highly recommended, and it is of temporary use. The diet should be nutritious and easily assimilable, yet not such as to produce too much blood. If such patients have an attack of acute bronchitis, stimulant expectorants should be given, and alcohol when the pulse is feeble and rapid, counter-iritation to the chest walls, by turpentine, mustard, dry cupping, croton oil, etc. The bowels should be moved every few days. Lastly, turpentine internally, in small doses, the good effects of which are often noticeable in a few days. When the heart is worn out, digitalis in frequent small doses; when this fails, 10 gr. doses of powdered ipecac every ten or fifteen minutes, until free emesis is produced, sometimes drags the patient back to life; for we have to fear apnœa from filling up of the bronchial tubes with the sputa. The emetic empties them and restores the use of the lung. Depressant emetics should not be used, for fear of pulmonary fibrinous coagula. When chronic bronchitis is persistent, copaiba or cubebs modifies the bronchial mucous membrane and diminishes the secretion; the general system being at the same time kept up by tonics.

Essential asthma is a rare affection. It is mostly connected with some organic changes in lung or heart, and frequently with emphysema; hence the attack is frequently relieved by turpentine, etc., and not by the anti-spasmodics, stramonium, etc. In very low conditions, when food and drink are taken with difficulty, strong black coffee, with about one-third brandy, stimulates the cardiac contractility, breaks up the spasmodic closure of the bronchial tubes, and actually causes sleep by its direct influence upon the activity of the cerebral circulation.—*Abstract from N.Y. Med. Record.*

Paths of Conduction in the Spinal Cord.—Dr. Wasil Kusmin has made a number of experiments as to the path of the fibres in

the spinal cord of the dog, and gives the following summary of his results, confirming, in the main, the results obtained by Woroschiloff, Ott, and R. Meade Smith, with the same methods of study.

1. The lateral columns contain the sensory and motor fibres.

2. The anterior columns consist mainly of centrifugal fibres which, after destruction of the lateral columns, are capable of assuming their functions to a certain extent.

3. The posterior columns are largely formed of centripetal fibres.

4. The gray substance contains no continuous path of conduction.

5. The sensory fibres from the lower extremities decussate in the cord.

6. After a hemisection of the spinal cord the motor fibres of the lower extremity preserve their functions as high as the anterior roots of the nerves on the level of the section on the opposite side of the cord.

7. Vaso-constrictor fibres run only in the lateral columns.—(*Med. Jahrbuch*, 1882. *Am. Jour. Med. Sc.*)

A New Remedy in Diphtheria.—The *Phila. Med. & Surg. Reporter* quotes from the *Pharm. Centr. Anzeiger* an account, by R. Münch (Kronen Apotheke, in Leipsic-Sohlis), of a new remedy in diphtheria, the efficacy of which he proved on one of his own children. It is the Oleum Terebinthinæ Purificatum, and is given to children in teaspoonful doses, night and morning; adults take a tablespoonful. It may be given in tepid milk, or followed by a draught of that fluid. (It seems to act through its influence on the capillary circulation, and perhaps also by its antiseptic properties.—Ed.)

Bacilli in Phthisis, by Balmer and Fränkel (*Berl. Klin. Woch.*)

1. The prognosis can be stated with certainty on the number and state of development of the bacilli found in the expectoration.

2. The quantity of bacilli is not constant, it increases with the advance of lung destruction and reaches its maximum at the end of life.

3. The distribution of the bacilli is not in all cases uniform. At times they are evenly found throughout, at other times in groups.

4. Their state of development is very varying; in many cases they are small, sparse, and inactive.

5. Such bacilli are found in cases where the disease is progressing slowly, or where there are old cavities with a tendency to heal.

6. In all examples where the disease is rapid and marked with severe symptoms as to fever, night sweats, etc., the bacilli were abundant and larger, and the spare formation more visible.

7. Generally all examples ran as follows: where the bacilli were many the fever was high; as their number lessened so did the fever.

8. A very constant relation existed between the quantity of bacilli in the expectoration from fresh cavities and that from previous ones. If in early cavities they were very numerous, in later ones they were few.

9. The sputum appeared to be a better soil for the bacilli than the lung tissue.

10. The introduction of air to the lung cavities do not warrant one in saying that the bacilli develop there on that account, for they can be found in the broken down tissues and matter in a knee, affected with tubercular inflammation, when such matter is first let out.

11. The existence of tubercle bacilli does not only occur in the sputum and walls of lung cavities, but in the lung tissue, in a lung abscess, in the wall of the intestines, or a knee joint. The discovery of these bacilli indicate a general disease and point to its tubercular nature.

Dr. Schmidt has discovered that his fat crystals are not Koch's bacilli.

Pulmonary Syphilis.—Interest in the question of pulmonary syphilis has been revived by the appearance of some recent works upon the subject.

These works discuss pulmonary syphilis, as it appears in the adult only. That of the infant forms a chapter apart, the matter for which has been gathered since Cruveilhier, by Robin, Virchow, Cornil and Ranvier, Parrot, etc., who consider its characters so marked as not to be confounded or assimilated with any other lesion. The knowledge of the pathological anatomy of the specific pneumonias of adults has nothing like this precision. Many physicians hesitated to recognise their existence, and some have denied it, or they conceded that syphilis might give rise to destructive alterations of the lung, but attributed these lesions to a phthisis which played the part of a secondary diathesis. A. Paré and others attributed a phthisiogenic influence not only to syphilis, but even to blennorrhagia. The specific nature of pulmonary syphilis has been definitely accepted quite recently. An anecdote is told which marks the change of front of the doctrine. A patient of Bambilla, supposed to be phthisical, lay next a syphilitic, for whom had been ordered the traditional inunction of mercurial ointment. In those days the distribution of medicine was subject to slight irregularities. The blue ointment was given to the lung patient, who believing he had received an electuary, conscientously swallowed it in small doses and was cured. Morgagni and Lemonnier believed in the existence of syphilitic phthisis upon clinical proof only. It is a curious fact that during this period of about thirty years which began in 1804 with Laënnec and which was so to speak the renaissance of pathological anatomy, syphilis was almost completely forgotten, due probably to the opinion of Hunter, who scarcely believed in the visceral accidents of syphilis. In 1826 only, whilst Andral and Laënnec were disparaging venereal phthisis, Van der Kolk asserted that syphilitic subjects "might succumb *with the appearances of phthisis*, to an ulceration of the lung most often situated in the middle lobe and *without tubercles*." Lastly, with Ricord, came the restoration of syphilis and pulmonary syphilis was rehabilitated, not because syphilis was found everywhere and *àpropos* of everything, but because it was really and incontestably one of the profound manifestations of the venereal infection.

Pathological anatomy at the hands of Lancereaux and others has confirmed the possibility, and even the frequency of syphilis of the lung. Then the histologists took up the question, but not very profitably from their point of view. A short experience demonstrated that the microscope only obscured matters. The intimate modifications of a syphilised lung appeared to be no more than the common inflammation in which nothing revealed the specific origin of the process. So it became necessary to return to the contemplation of gross lesions as being altogether more demonstrative. And thus once more was justified the assertions made by Broca, that "the microscope has taught us to make use of the naked eye."

In the lung as elsewhere the destructive or substitutive action of syphilis results in gummata or scleroses.

The scleroses are most often superficial; they are pleuro-pulmonary, and present themselves under the form of elongated depressions more or less profound, more or less confused which seem to be produced by a close network. This comparison, however, can be applied to the lung with the same justice as to the liver and the spleen. From the surface of the organ these fibrous bands are buried in the parenchyma and converge towards the hilum of the lung, like the trabeculæ of the testicle towards the body of Highmore.

The gummata on the contrary are almost always situated in the thickness of the viscus, and especially around the large

bronchi, generally few in number, they have a firm consistence, a yellowish colour, a dryness which distinguishes them from most other morbid products, of very variable dimensions, but which seldom surpass that of a hen's egg. As a rule they coexist with a sclerous induration of the parenchyma, disposed around them in rings or fibrous spheres. The large bronchial tubes are often ulcerated, and the caseous substance, of which the glands are largely composed, may be spontaneously eliminated through the apertures of communication. This mode of evacuation has elsewhere been pointed out for some time in most of the chronic processes of destructive form of mediastinal adenopathy.

In all this there is nothing very new if attention is paid only to the nature of the lesion. But after reviewing all the observations published up to the present, it is not without profit to remark that the gummatous form of pulmonary syphilis shows a certain predilection to canton itself in the neighbourhood of the hilum, in order to further propagate itself from within outwards towards the deep parts of the parenchyma. One may indeed ask if this anatomo-pathological variety of gummatous degeneration is not in principle a kind of peri-bronchial mediastinitis. The inter- and peri-bronchial glands represent, as we know, chains which follow the course of the bronchi up to the third and fourth divisions; in the pathological state these glands may be seen as far as the fifth and sixth divisions, which is very probably due to a simple hypertrophy of the small glandular nodules invisible in a healthy state to the naked eye.

So while not at all denying the possibility of a primitive gummatous pneumonia, are we not right in admitting that the peri-bronchial gummatous adenopathy is the more ordinary process? The degeneration of these gummatous glands would very amply explain that of the adjacent parenchyma, finally all the constituent parts of the lung surrounding the centre of origin would undergo the same fate to very nearly the same extent.

From these anatomical observations are deduced important points for clinical application. The great difficulty in diagnosis almost always resides in the differentiation of syphilitic and tuberculous lesions. These give rise to lesions equally destructive, to symptoms of the same character, to very analogous consumptive phenomena, to inflammatory or congestive symptoms (broncho-pneumonia, bronchial catarrh, hæmoptysis), equal in quantity and quality, solely their topographical distribution is different, and this is not a simple shade of difference in a diagnostic point of view it is of prime importance, and it must be placed far higher in value than the frequency or abundance of the hæmoptysis. It has been said that in pulmonary syphilis these are more even and less abundant than in tuberculosis. This is quite inexact as may be seen from the observations; and again how many consumptives succumb without even having an hæmoptysis.

The explanation is that the presence of a destructive centre occupying the middle portion of the lung, putting gangrene aside, may have given rise to hesitation or timidity in the diagnosis. Now it is almost constant that a subject who dies of syphilitic pneumopathy has other specific lesions in the viscera, particularly in the kidney, in the osseous system, or on the surface of the body. If these accessory lesions are manifestly recognised as products of the pox, and if on the other hand the pulmonary localisation has not the usual characters of common phthisis, the chances are greatly in favour of the lung like the rest of the viscera being affected with the specific lesions.

We should not then recoil before the diagnosis of syphilitic phthisis, especially if we consider the advantages the patient will derive from a correct diagnosis. The treatment is always the best touchstone, and to its happy influence is due the rarity of autopsies.

Unilateral Anasarca.—M. Potain has observed five cases of contusion over the renal region which were followed by anasarca of the same side. One of these was a lead workman who fell while carrying a heavy leadpipe. The end of the pipe bruised the region of the kidney, and was followed by albuminuria and anasarca of that side. Another, after a contusion on the right flank and exposure to cold and damp, had an œdematous swelling of the right cheek, extending gradually to the eyelids, and an ophthalmia of that side, accompanied by albuminuria. Mr. Potain concluded that a contusion of one of the hypochondria may give rise to catarrhal nephritis of the contused side, followed by a partial anasarca of the same side. This is opposed to the view generally accepted of the pathogeny of anasarca, and is probably due to the implication of the nervous system, especially of the great sympathetic. The late experiments of Brown-Séquard and the recent observations on a case of myxoedema lend some probability to this view.—*Gaz. des Hôp.*

Asthma.—The Cause of.—Ten years ago Leyden attributed the asthmatic paroxysm to irritation of the terminal filaments of the vagus nerve in the bronchioles and pulmonary vesicles by little sharp, colourless, octahedral crystals, which he had found in the sputa of asthmatic patients, and which had been previously described by Charcot and Robin, and go by the name of Charcot's crystals. Last year Ungar, of Bonn, taking up the subject, showed that the crystals were present in the sputa of every one out of 39 asthmatic patients under his observation; but he went further and determined that they were not always present in fresh sputum, but developed after keeping the expectoration three or four days in a moist atmosphere. He also found long thread-like, stringy masses, sometimes knotted and twisted up into little balls, of granular cells, the central and most degenerate of which contained Charcot's crystals in abundance. Hence he concludes that these crystals are the product of cell degeneration, just as those found in leucaemic blood were shown to be by Zenker. The theory he advances to account for the paroxysm is:—The smaller bronchioles, having no cartilage in their walls, constantly vary in size with the movements of respiration, dilating or expanding in inspiration, and then contracting by virtue of the inherent elasticity of their walls. Their muscular fibre he regards as mere stays to prevent over-stretching of the elastic tissue and incapable of producing a spasmodic constriction of the tubes. A plug of the above-mentioned exudation being in existence may suffice to completely block a bronchiole at rest; expansion of the bronchiole occurring inspiration air may pass by the obstruction, but the moment the action of the chest walls is relaxed the bronchiole returns to its former size, and the air is imprisoned. (Abstract from *N. Y. Med. Record.*)

Osseous Pains.—M.M. Charrin and L. Guignard conclude a study upon the pathogeny of certain osseous pains, as follows: In tuberculosis, in diabetes, and especially in osteomalacia, we observe clinically osseous pains; phosphaturia frequently co-exists. Etiologically, chemistry and experiment show us a tendency to the accumulation of acids in these diseases. It is allowable to suppose that in these different morbid conditions, it is the acids which attack the osseous tissue, its nerves and all its elements, dissolving its calcareous salts and thus give rise to the pains and the phosphaturia.—*Arch. de Méd. Gaz. des Hôp.*

Petrone on Solid Pneumonia—The author states (*Lo Sperimentale*, Nov. 1882) that solid pneumonia was established as a separate variety of pneumonia by M. Grancher in 1878 (*Gaz. Méd. de Paris*). Six cases are recorded here: one by the author the others by Grancher, Brissaud, Beaurmann

and Leroux. In physical signs, the cases counterfeit pleurisy with large effusion. There are absolute dullness, and total extinction of vocal fremitus, of vocal resonance and of respiratory sounds. After death the bronchi are found filled with a solid, fibrinous, and sometimes fibrillated material, like diphtheritic membrane, slightly adherent to the mucous membrane. The diagnosis is more or less uncertain. But in cases of doubt an exploratory puncture may, owing to its harmlessness, always be tried. Although many cases have been recorded (as M. Grancher has recognized) by clinical and by pathological observers, this variety of pneumonia has not yet found its way into the text-books. Wm. R. Huggard, M.D. —*Lond. Med. Record.*

The Best Form in which to Administer Pumpkin Seed.—Dr. L. Wolff (*Proc. Penn. Pharm. Assoc.—Canada Pharm. Jl.*), recommends for adults:

First. Fifteen grains of the resin in pill form. (The resin may be prepared by exhausting the recently dried and well comminuted seed with petroleum benzine, treating the residue repeatedly with ether, chloroform, and alcohol, and evaporating to dryness; or by extracting the oil with ether or chloroform, and shaking with stronger alcohol, or by evaporating an emulsion of the seed to dryness, treating with stronger alcohol, filtering and drying.)

Secondly. One to two fluid ounces of the alcoholic fluid extract in broken doses and largely diluted; both of these taken fasting in the morning, to be followed two or three hours later by a dose of castor oil. Or, better than either of these for children, are emulsions of one ounce of the recently dried and finely comminuted seed, and one-half ounce of granular sugar, with four ounces of water, in which preparation the natural oil works as a mild laxative; this also to be taken in broken doses, following closely on each other after a fast of six to eight hour

THE DIFFERENTIAL INDICATIONS FOR THE USE OF DYNAMIC AND FRANKLINIC OR STATIC ELECTRICITY.

BY DR. A. D. ROCKWELL.

When a distinguished professor can say to a large class of students that a simple Faradic apparatus will practically answer every purpose in medical electricity, it is in order to discuss this subject. To state that electricity has been used conveys but little meaning unless the *kind* of electricity is mentioned, and, still further, the method of its application. It is not, however, to be supposed that one form of electricity is adapted to one line of disease, a second to another, and a third to still another. But there are certain pathological conditions which always call for a certain kind of electricity, and if benefit is to follow it must be through this special form, all others being useless, or worse than useless. For example, in hemiplegia, where there exists, as is often the case, an exalted electro-muscular contractility, electricity, if used at all, should be in the form of Faradization, and with an exceedingly mild, rapidly interrupted current. Even when muscular contractions are somewhat less readily called out than in the normal condition, the same current is, as a rule, preferable. On the contrary, when there is very great diminution of electro-muscular contractility, the galvanic current is always indicated, the Faradic coming into play only when the muscles give evidence of positive reaction to its influence.

In most cases of paraplegia, complete or proximate loss of Farado-muscular contractility exists, at least for a short time. The galvanic current alone is applicable in these cases, and for the purpose of restoring nerve-excitability. The Faradic current may be useful in attempting to improve the impaired nutrition of the paralyzed members. When we wish to directly affect the central nervous system, the constant current alone is applicable. In the majority

of diseases where electricity is indicated, each one of its forms, Galvanism, Faradism, or Franklinism, may at one time or another possess a positive value over the others. This is illustrated in the treatment of neuralgia. The well-known power of the galvanic current to relieve many forms of pain has been repeatedly emphasized, and the inference has been that Faradism is of but little value for this purpose. The truth is that Faradism is not only invaluable in many forms of pains, but in certain conditions relieves, where Galvanism is not only useless, but may even aggravate the symptoms. The effects of pressure in the various forms of neuralgia, are exceedingly useful, as giving symptoms indicating the proper current. In the great majority of cases of neuralgia, where firm pressure over the affected nerves aggravates the pain, the galvanic current is indicated, whereas, where pressure does not cause an increase of pain, the Faradic current has the greater power of relieving pain. For hysterical hyperæsthesia, the Faradic current is infinitely superior to the Galvanic. Special characteristics of the cases regulate the measure of benefit to be derived from one form or another of electricity, and yet it is impossible to point to many diseases where one current is to be used to the absolute exclusion of the other; but it is possible to name a variety of conditions where, as a rule, one method of treatment and one form of current is superior to another. In the class of cases commonly spoken of as general debility the Faradic current is indicated. It is selected for its tonic effects. Very much, however, depends upon the method of its use. General Faradization is of the first importance. With regard to individual conditions that seem to demand the Faradic current alone there is not much to be said. There are but few distinct organic or functional diseases that in every phase of their manifestation demand alone and always a special form of electricity. Asthenopia, accompanied by hyperæsthesia of the retina and ciliary nerves, is one of the few distinct conditions which seems to demand the Faradic current alone. According to his experience, Galvanism is practically excluded in these cases. The paralysis following diphtheria is another condition for which Galvanism is of but little service.

The author then related the history of several cases. For special irritation or special neuralgia so-called, Galvanism is almost exclusively indicated. Galvanism is specially serviceable in certain sequelæ of cerebro-spinal meningitis, such as severe pain, sometimes beginning in the eyes and extending over the head to the neck and lower cervical vertebræ, associated with a stiffness of the muscles of the neck, etc. Exophthalmic goitre requires Galvanism. For the restoration of the senses of taste and smell, Galvanism succeeds where Faradism fails. Galvanism is superior to Faradism in the treatment of skin affections. For the relief of the pain of herpes zoster Galvanism is eminently efficacious. Galvanism, according to his experience, was preferable in the treatment of extra-uterine pregnancy. For chorea, if the appetite is good and nutrition unimpaired, and the strength vigorous, central Galvanism was almost invariably indicated; on the contrary, if the patient is weak, anæmic, and nutrition impaired, general Faradization is indicated.

In amenorrhœa the same principle holds good. In dysmenorrhœa both currents, either alone or in alternation, have proven efficacious, although the Galvanic is most frequently indicated. With regard to Franklinic electricity, he should say that while its constitutional tonic effects are unequal to those which follow general Faradization, where this method is carried out properly and with due attention to details, yet as an adjuvant or supplement it was invaluable. Occasional cases of nervous exhaustion, as well as other forms of disease, after improving to a certain

point under the influence of Galvanism or Faradism, cease to improve, but a new start can frequently be given by then resorting to Franklinism. Pain is sometimes relieved by Franklinism after both Galvanism and Faradism have failed, but it is not the rule. The pain of muscular rheumatism, however, is relieved by this method sooner and more effectually than by the others. For this purpose the treatment by the roller is superior to treatment by sparks. In the various forms of true neuralgia Franklinism is not comparable in power to Galvanism. The pain so successfully relieved by Galvanism is generally of a chronic character confined to no special nerve-trunks, dull aching, and with no tenderness on pressure. In these instances Faradism is superior to galvanism, and recent experience had convinced him that Franklinism was superior to either. In the enlarged joints of sub-acute and chronic rheumatism, and to facilitate absorption in chronic synovitis, Franklinism (sparks) is frequently more efficacious than either Faradism or Galvanism. In old contractures and in cutaneous anæsthesia Franklinism is frequently superior to either of the other forms of electricity. In electro-diagnosis, Franklinism is of but limited value.

Valuable as is Franklinic electricity it has a more limited range of usefulness than dynamic, and the more strongly this fact is impressed on the professional mind the better. He who begins with Franklinism to study and practise medical electricity begins at the wrong end.—*N. Y. Medical Record.*

Dialyzed Iron.—Dr. Prosser James has lately said, in a summary of the position which dialyzed iron is entitled to hold in medicine, that the persalts of iron are frequently employed solely on account of their astringency, while the proto-salts are occasionally considered as being destitute of this quality. The freshly-prepared carbonate is an excellent mild chalybeate, but difficult to keep in an unaltered state, so that preference is given to reduced iron. The scale preparations of iron are held in repute, both from the extreme facility of their use, and their agreeable taste. When these three forms of iron are inadmissible, dialyzed iron may be resorted to with admirable effect. It is a milder chalybeate than the three preceding, and does not produce the slightest irritation.

A recent analysis by Professor Tichborne of Wyeth's preparation agrees almost exactly with Graham's statement, that dialysed iron contains 98·5 parts of the oxide and 1.5 parts of hydrochloric acid. The liquid thus obtained differs altogether from an ordinary solution of salts of iron, by its not giving rise to the blood-red colour on the addition of alkaline sulphocyanide, nor to the blue precipitate with ferrocyanide of potassium. It does not become cloudy on boiling, nor when agitated with two parts of ether and one part of alcohol is the ether layer coloured yellow. It is so sensitive that ordinary spring water will cause a precipitate, yet no precipitate is produced by nitric, acetic, or muriatic acid. Graham's solution gelatinized in about twenty days, and he regarded it as a solution of colloid ferric hydrate which, he considered, existed in both a soluble and insoluble form. It is however, never free from chlorine. Theoretically, therefore, the liquid is a solution of a basic oxychloride, but it can never be imitated by dissolving saturated solutions of the hydrate. All these artificially-made liquors are astringent, with ferruginous taste and acid reaction.

Respecting the therapeutic value of dialyzed iron, of which there has lately been some inclination to doubt, Dr. James says there is no question. By the method now followed of counting blood-corpuscles it is found that the taking of dialyzed iron both increases their number and improves their condition. Dr. James gives, as an average

dose, twenty to fifty drops, daily, in three doses. Dr. Weir Mitchell, of Philadelphia, gives as much as a drachm at a time.

Specimens have appeared in the market which are not only innocent of any acquaintance with a dialyzing membrane, but seem little else than diluted solution of perchloride of iron.—*Chem. and Drug.*

THE ACTION OF SODIUM SALICYLATE ON THE HEART.—It has been supposed by probably the majority of practitioners that this remedy has a tendency to weaken the heart's action. Liebermeister's well-known views, with reference to the dangers of giving it to a patient whose heart is weak, as for instance, in typhoid fever, were generally accepted as correct. Prof. Maragliano, of Genoa, has, however, recently investigated the subject, and the results of his carefully conducted experiments, show conclusively that the salicylate has no depressing effect on the heart's action, on the contrary the effect is to strengthen it.

PROF. ELLENBERGER (*Archiv für Veter-marwissen*) speaks very highly of painting the skin with impermeable applications for parasitic diseases. He has used collodion, tolu in ether, rubber in chloroform, etc. When the part is covered with these mixtures, the parasites, animal and vegetable, alike, soon die. He has experimented with dogs and other animals, and finds that they can stand from one-half to one-third of the body covered in this way.

PELLETIÉRINE is an excellent remedy if given with certain precautions. If it fails, it is because the purgative is given too late. M. Tenneson is in the habit of administering a purgative half an hour before the vermifuge is given, so that the purgative may act upon the worm intoxicated by the pelletiérine. The tænia is then always passed entire. M. Laboulbène proceeds in exactly this way, and a long time ago recommended the practice.—*L'Un. Méd.*

SYPHILIS AS A CAUSE OF DEMENTIA PARALYTICA.—H. Obersteiner, in *Monat f. P., Dermatol.*, concludes, after a review of 1,000 cases that syphilis is an important factor in the production of this condition. He divided the patients into groups according to age, and found a varying percentage of from 4.1 to 54, with a syphilitic history. In 26% of one group of 73, syphilis and dementia were co-existent. He thinks that when syphilis acts as a cause the dementia appears early in by about the thirty-fifth year.

Surgery.

HYDATID CYST OF THE PROSTATE.

M. Tillaux reported to the *Société de Chirurgie* a case of a man, aged 43, suffering from complete retention of urine. The bladder could be entered easily by means of a rubber catheter, but not by a metallic instrument. There was pain in the loin, towards the sacrum and lower portion of the spine. The rectal touch revealed the existence of an enlarged prostate, filling the rectum, and crowding the urethra towards the pubis. The tumour was perfectly regular, smooth, and fluctuating. The diagnosis, based upon the miserable appearance of the man, and an old cicatrix of cold abscess upon the thorax, was cold abscess of the right lobe of the prostate. As the patient continued to suffer, lost appetite, and flesh, and strength, the abscess was opened from the rectum, and gave issue to a slightly coloured fluid, and which at first was thought to be urine, but it had not the urinous odour, and the bladder was subsequently emptied, per urethram, of perfectly limpid urine; showing that the bladder had not been punctured. The tumour was then a cyst of the prostate, and a microscopic examination revealed the presence of hydatid hooklets. Two days afterwards, at stool, a considerable mass of hydatids was expelled, per rectum. Cases of hydatid cysts of the prostate are exceed-

ingly rare. According to M. LeDentu, there exists no authentic case on record.

M. Nicaise, at the same session of the Society, gave notice that he shortly intended to report a case of hydatids of the prostate. —*L'Union Méd.*

Reduction of Dislocated Femur.—Dr. Samuel Logan, of New Orleans, (*Gaillard's Med. Jour.*) re-asserts the plan proposed by him some years ago to reduce, by manipulation, luxations of the femur. He was induced to do this by the recital of the difficulties incurred and the means taken to overcome them in a case by Dr. C. Johnston, of Baltimore. This difficulty, mentioned by Mr. Callender, consists in the slipping of the head of the femur around the rim of the acetabulum during the process of the ordinary manipulative means for reduction, thus lodging the head of the femur either into the thyroid or sciatic-foramen, instead of into the acetabulum. This danger may be obviated, according to Dr. Logan, by making use of the anterior border of the pelvis as a fulcrum by which the head of the femur may be lifted over the rim of the acetabulum. When the thigh is fully flexed upon the abdomen, the limb, at the junction of its middle and upper third, impinges upon that portion of the pelvis just below the anterior superior spine of the ilium. Forced flexion now lifts the head of the femur, and rotation, outward for any form of posterior, and inward for any form of anterior dislocation, will throw the bone into place. An analogous idea has occurred to Dr. George Sutton, of Indiana, who suggested an artificial fulcrum of the arm of an assistant, or a roll of cloth placed in the groin. Both plans resemble the ancient method of placing a pillow between the thighs as a fulcrum for a similar purpose.

Blennorrhagic Periurethral Tumours. —M. Mauriac concluded a paper read before the *Société de Médecine de Paris*, as follows :—

1. The glandular apparatus, including the glands of Méry or Cooper, and their accessory glands, is sometimes inflamed in the course of blennorrhagia.

2. The acute process nearly always ends in suppuration, and the formation of abscesses.

3. When Méry's glands are alone affected, which is the usual course, the affection terminates very constantly in a perineal abscess.

4. When the process is confined to the accessory glands, the tumour is situated beneath the curve of the urethra, at the summit of the scrotal region between the testicles.

5. Here, also, suppuration is the rule, but the glandular engorgement may, however, proceed to resolution.

6. In its chronic form it constitutes a large tumour, hard, ovoid, knobby, not fluctuating, which occupies the middle portion of the scrotal region, in the midst of which it remains firm, and which only forms fortuitous adhesions with the testicles and epididymis. The duration may be very long.

7. In its sub-acute form, after a sudden invasion and rapid increase, the inflammatory phenomena all at once cease, and complete resolution is effected in a few days.

8. Active intervention is unnecessary in the two last forms; a moderate antiphlogistic medication suffices and favours the cure, which, however, may take place spontaneously. In the phlegmonous forms, on the contrary, the tumour must be opened very early, even before fluctuation is apparent.

9. Whatever their form and tendency, these urethro-scrotal tumours, although proceeding directly from the canal, are evolved outside of it, and cause it no damage. M. Mauriac has not seen them open into the canal when they were purulent, nor form urethral fistules.—*L'Un. Méd.*

Kern's Cataplasms.—In the session of October, 1882, of the Berlin Medical Society Drs. Senator and Schlesinger advocated sapo viridis in the form recommended by

Kern and Bush for Peritonitis and Inflammation of the glands. The formula and manner of application of these cataplasms is as follows: Powdered mustard and sapo viridis are mixed in the proportion of one to four (or five) and spread between two layers of muslin and applied for six, eight, or ten hours. In the case of lympho sarcoma, for instance, these cataplasms are to be repeated daily for weeks. Senator reported numerous cases of peitonitis and perforations treated successfully with the sapo viridis alone, and Schlesinger related at length the successful treatment of various grandular swellings with the cataplasms of mustard and sapo viridis.—*Berlin Klin. Woch.—Therapeutic Gazette.*

White Lead Paint in Erysipelas.—Mr. Barwell, of Charing Cross Hospital, in *Lancet*, March 10th, gives a report of three cases of erysipelas, in which he obtained unusually good results by the application of the old-fashioned remedy, white lead paint. No medicine used, excepting, in some cases, the previous administration of a purge. He applies the paint (made by rubbing up the carbonate of lead with linseed oil, and mixed with turpentine as a drier) over inflamed skin, and a little beyond it, says that in all cases the pain ceased almost immediately after the application; temperature became normal and a rapid cure resulted. The paint is left on until it gradually comes off with slight desquamation of epidermis. The remedy probably acts by occlusion of air. It may be obtained in any paint shop.

Treatment of Varicocele.—Mr. A. Drennett Spanton, F.R.C.S., recommends in *Brit. Med. Jour.*, a subcutaneous ligature used as follows:—A needle threaded with silk or catgut is passed between the vas deferens and spermatic vein, and a loop left on one side, and the free ends on the opposite. A second needle similarly threaded is then passed in the opposite direction between the vein and the skin, and withdrawn, leaving a loop as before. One of the threads is then passed through the loop on each side, the ends drawn together and firmly tied. The threads are then cut off short, and the ligature sinks away from the skin punctures.

Midwifery.

Premature Delivery for the Prevention of Blindness.—Dr. Edward G. Loring, of New York, in a lengthy communication to the *New York Medical Journal* cites a number of cases and otherwise strongly supports the view that it is occasionally necessary to induce premature labour for the sole purpose of preventing blindness. His conclusions may be briefly stated thus:—Examinations of the eyes of pregnant women should be made much more frequently than they now are, indeed, as a matter of routine, even without complaints on the part of the patient, since about one-third of these with organic lesion of the optic nerve or retina from kidney trouble, make no complaint. That evidences of albuminuria (*sic*) not infrequently show themselves in the eye before any manifestation can be had in the urine. That although the uræmic cases may begin late in gestation, the albuminuria frequently occurs early, and examination of the eyes will reveal the danger and suggest the remedy. That the use of the ophthalmoscope for this purpose should be within the ability of every obstetrician; that where marked deterioration of vision has occurred, with or without ophthalmoscopic changes, and where blindness is threatened, premature delivery is not only justifiable, but often demanded; that when a permanent loss of vision has occurred from a preceding pregnancy, premature delivery, surrounded by its proper safeguards, is not only justifiable, but at times absolutely necessary; that where blindness has once occurred, the husband and wife should be warned that the trouble is constitutional and not local, and that a repetition of pregnancy may result, not only in a loss of sight, but also of life.

RINGER AND MURRELL ON AMENORRHŒA.—Drs. Ringer and Murrell have for some time made extensive trial of permanganate of potash as an emmenagogue in those cases of amenorrhœa resulting from some trivial cause, such as getting wet or catching cold. In their experimental observations they gave the one drug only. The most striking results were in young women between the ages of eighteen and twenty-five, who had missed two or three periods. The administration of one or two grains of permanganate of potash in pill three or four times a day for a few days before the time of the expected period will bring on the flow almost to a certainty. As a rule, the medicine must be taken three or four days successively to call out the catamenia. *Lond. Med. Record.*

PICCININI ON ASSAFŒTIDA AS AN AID TO THE BETTER DEVELOPMENT OF THE FŒTUS.—The author refers to the works of Laferta and Professor Giordano, and the recent writings of Cazzani on this subject. He states that he can confirm their conclusions as to the good effect of assafœtida, having administered the drug with great advantage in several cases. In the discussion which took place on this paper, in which many gynæcologists took part, all agreed in attributing to assafœtida the property of preventing abortion, especially where there was no taint of syphilis; over which it has no influence.—*Lond. Med. Record.*

NEW REMEDY FOR THE VOMITING OF PREGNANCY.—Dr. T. C. Wallace, of Cambridge, N. Y., says, in the *Phila. Med. & Surg. Reporter*, that for the last four years he has found one remedy uniformly successful in relieving this troublesome complaint. It is the quickly-roasted grain of a species of Indian corn, too well known as pop-corn to need any description. It should be popped in a wire popper, not (as is sometimes done) in a spider, with grease; should be white and light, sprinkled with a little salt, and eaten freely.

TUBERCULOSIS OF THE FALLOPIAN TUBES.—Dr. Justus Schramm, of Dresden, lately contributed to the *Archiv. für Gyänkologie* a short paper on the above subject. Out of three thousand three hundred and eighty-six autopsies upon women he found this condition present in about one per cent.—*Louisville Med. News.*

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, APRIL, 1883.

ONTARIO MEDICAL ASSOCIATION.

This flourishing Association meets in Toronto, the first Wednesday in June, when a most interesting meeting is expected. The indefatigable Secretary, Dr. White, is endeavouring to gather a collection of Pathological specimens, which are to be preserved for the use and information of the members. Specimens may be forwarded to the Secretary as early as possible. It is to be hoped that the members of the Association will join hands in this laudable undertaking, and endeavor to gather and preserve the numerous and valuable morbid specimens scattered through the country. The Museum of the Royal College of Surgeons, London, had a beginning.

LOCAL ELECTIONS FOR ONTARIO.

At the recent elections eight medical men were elected: viz., Dr. J. Baxter, Cayuga; Dr. C. H. Brereton, Bethany; Dr. J. Cascaden, Iona; Dr. J. F. Dowling, Eganville; Dr. J. W. McLaughlin, Bowmanville; Dr. R. H. Preston, Newboro'; Dr. J. H. Widdifield, Newmarket.

MEDICAL SCHOOL FOR WOMEN.

We believe there is some foundation for the rumours which recently appeared in lay and professional journals respecting the organization of a Medical School for Women in Toronto. Such a scheme is under consideration, and it is thought arrangements will soon be completed, whereby a commencement will be made in October of this year. One of the most serious difficulties in such an undertaking will be the all-important question of money, of which a considerable amount will be required in inaugurating the movement; but as there are many of both sexes in this city who have strong convictions on the question of the education of women, and as such persons have intimated their willingness to give substantial assistance, the promoters have reason to believe that the means will be provided by such parties to form an endowment fund, which will place the proposed school on a permanent basis, and guard against the possibility of failure.

The Association of American Medical Editors will hold its next annual meeting in the City of Cleveland, Ohio, simultaneously with that of the American Medical Association, on June 5th and 6th, 1883. The President, Dr. N. S. Davis, of Chicago, recently selected as Editor of the forthcoming weekly Journal of the American Medical Association, will deliver an address on "The Present Status and Tendencies of the Medical Profession and Medical Journalism." Dr. Marey will address the meeting on "Journalism Devoted to the Protection and Concentration of Medical and Surgical Science in Special Departments." Other interesting papers and addresses will be read at the sessions, which are to be between those of the American Medical Association, and all physicians present at either gathering are invited to take part in the proceedings and discussions. Dr. Jno. V. Shoemaker, of 1031 Walnut Street, Philadelphia, is Secretary.

SUMMER SESSIONS.

All arrangements have been made to commence the Summer Sessions in the Toronto Schools in the latter part of April.

"Medical Miscellany."—With a view to diffusing amongst the people generally some correct notion of the "duties of patients to their physicians," Dr. F. N. Darby, of Morrow, O., has conceived the idea of printing upon sheets of paper, designed for wrapping medicine bottles in, the teachings of the Code of Ethics of the American Medical Association upon that subject, conspicuously displayed amongst selections of wit and wisdom, to catch the attention of the reader. It is so printed that the sheet may be torn into halves, quarters, eighths, or sixteenths without interfering with the reading matter. It is hoped that the sheet may come into extensive use as powder and wrapping paper by Druggists and Physicians. The price varies from $1.50 per hundred to $9 per thousand, and additional thousands at $8. The idea is certainly a good one, and the effort to disseminate wholesome and necessary information on a subject more often occasioning offence through ignorance than through design, deserves the general widespread support of the profession.

Dr. Canniff requests us to thank those of the profession of Toronto, who kindly and voluntarily supported him as an applicant for the position of Health Officer for the city. At the same time he asks for the co-operation of the profession, either by offering suggestions, or in any way they can.

Correspondence.

To the Editors of the Canadian Practitioner:

Gentlemen,—Dr. Lavell has a long letter in your March number about the late difficulties in his school. The troubles to which he alludes, *died*, and were thought to have been *buried* in December last.

My only reason for noticing the Doctor's letter is that he mentions me by name several times, and even goes so far as to cast doubts on my truthfulness in regard to at least one point. He refers to newspaper statements and to street gossip, as the sources from which he obtained *his* version of what took place some months back, when certain Kingston students applied to enter Trinity Medical School. He accepted the information so gathered, as quite reliable, hence all his subsequent random vapourings; and this has led, not only the Doctor himself, but also a good many other well-meaning people, entirely astray as to the actual facts.

It is useless to repeat the whole story now, as it is sufficiently well-known. Yet, it appears necessary to tell the Doctor again, that the telegram from the students, was our very first intimation of trouble in the Kingston School; and this gave us to understand *most clearly* that the dissatisfied students had *left the school "not to return"* to it. This telegram made no allusion to fees, and only asked a very few most reasonable queries. It was answered briefly, and the reply likewise, had no reference to fees. In *twenty-four hours*, at furthest, after the students' telegram came, we got, through the daily papers, full information regarding the matter. We thus ascertained that, to a certain extent, the telegraphic message had misled us, as the students had *not left*, and there even appeared to be every probability that a satisfactory settlement would shortly be brought about.

Having got this fresh information, which was to us most welcome, I wrote my first letter to Dr. Lavell, and, of course, in the reference made in it to the students, spoke of their *leaving* with *an "if"*; in short, with the telegram *only* in our hands we believed they *had gone*, while, with the further information, we found they *had not*, and *so wrote*.

It seems impossible to believe that in regard to so sm ll a matter, and one so easily explained, Dr. Lavell would have permitted himself to seek to asperse the veracity of a very old friend. However, *chacun à son gout*.

The very day Dr. Lavell was first written to, I also wrote to a Kingston student, who had asked some questions about the telegram, to the effect, that it would not have been answered at all, but for the belief that the students had actually left; that, as they had not, and as everything was being nicely settled in the school to which he belonged, his questions needed no reply. I expressed my regret at not having been present at the Kingston School's annual dinner, and hoped it would have many such, and closed by wishing that, on its reopening after the Christmas holidays, it might be more prosperous than ever.

This was the end of the official correspondence, consisting in all, of one telegram, in answer to a few civil questions, and a letter written some twenty-four hours later, of congratulation, at the satisfactory prospect of a speedy and peaceable ending of the difficulties.

Shortly afterwards I received Dr. Lavell's second letter, containing the specific questions he refers to, and thought it unnecessary to answer them formally. First, and this of itself was to my mind a sufficient reason, because, by the time the questions reached me, the difficulties to which they had reference were, I believed, practically at an end. I also felt that the giving Dr. Lavell in my reply, as I did, the exact facts of the case so far as we were concerned, in a second letter, couched in the most friendly language I could use, was likely, if pleasing him had been possible, to be far more satisfactory than were categorical replies to three or four questions, some of which were based on absolutely false statements, gathered from unauthorized and unreliable sources.

To show further and as fully as could be, my feelings in the whole matter, I sent Dr. Lavell a copy of most of the letter I had written to the Kingston student, above

referred to. I thought then, and see no reason for changing my opinion now, that a fuller or more frank explanation of our position in regard to this matter, could not have been given. I am sorry Dr. Lavell thinks otherwise, and attribute his doing so altogether to the annoying and harassing character of the whole trouble—the like of which I trust may never occur again, either in Kingston or in any other school.

Now that what was called "*the astounding offer*" to receive the Kingston students for *half fees*, has been proved to be a fabrication pure and simple, "*without even a single vestige of truth*" on which to rest, that cry has been dropped. Dr. Lavell, and even the CANADIAN PRACTITIONER, however, affect to be much shocked at the bare idea, and I deeply sympathize with their extreme sensitiveness, of something which *never happened*—viz., what Trinity Medical School *might perchance* have done, in regard to receiving the Kingston students, had the co-education of the sexes in all the branches of medicine, which the Faculty had declared to be their fixed policy, been persisted in, instead of abandoned.

It is alleged, that had the Kingston men left as they threatened, and had they been refused by their late teachers certificates of attendance during the first half of the session, as was highly probable, owing to the strong feeling which prevailed; and further, had they gone to Trinity School, that that Institution would actually have accepted the affidavits, or sworn declarations of these young men, in lieu of the certificates which it was not possible for them to get.

Be it specially noted that the only stain upon the characters of these students was simply, that they felt longer attendance as members of *mixed classes* to be intolerable.

I would not, for a moment, express any opinion, nor write a single word here, in regard to any ladies, who see fit to study medicine, but it goes without saying, that the feeling of the Kingston students as to the *impracticability* of *mixed medical classes*, is shared in by nineteen out of every twenty professors and other members of the profession, and such classes *must be* particularly unpleasant to any ladies who may happen to attend them.

But *would* the above possible action, even had it been carried out, as it was not, have constituted so fearful a charge against Trinity Medical School? Educational and other institutions in all countries, are every now and then, from necessity, laying themselves open in the same way—viz., accepting sworn declarations where formal certificates cannot be got. Under many conceivable circumstances no other course can be pursued; and I submit that it is a most unworthy and entirely unwarrantable aspersion of the character of Canadian medical students to insinuate that such sworn documents would be otherwise than perfectly trustworthy.

To go no further, in the Toronto General Hospital, one of the best in America for the practical advantages offered to students, *certificates of attendance* are signed, on the written declaration of the students; yet who would dream of even suspecting the reliability of such declarations?

But why all this affected horror of what *might have been, but never was*, accepted from certain students who *might* have entered Trinity School but who never did so? Verily there never was a sadder or more puerile exhibition of impotent and foolish ill-feeling than this Kingston fiasco has called forth.

Trinity School never wished a single man to leave any other institution to join her classes, and never will. *Students*, however, have rights as well as *professors*, which cannot with propriety, and should not, be overlooked; and one right most assuredly is, that the unanimous conviction of a class should be courteously received, and dispassionately discussed and acted upon. For circumstances over which students have no control may now and then develop

under which their studies can no longer be pursued in the school of their choice either with pleasure or profit. Rightly or wrongly, the Kingston students all but unanimously came to regard *mixed classes* as belonging to this category. Hence the whole trouble. And it was well for their school that the Faculty, realizing at length the true state of matters, yielded the point in dispute, so restoring that harmony, without which no institution can prosper, and which I hope may never again be broken.

WALTER B. GEIKIE,
Trinity Medical School.

March, 1883.

Book Notices.

Fifth Biennial Report of the Illinois Southern Hospital for the Insane, at Anna, 1882.

President's Address before the N. Y. Medico-Chirurgical Society, 1882. E. P. FOWLER, M.D.

Transactions of the American Ophthalmological Society. Eighteenth Annual Meeting, Lake George, 1882.

Weekly Health Bulletins, published by Provincial Board of Health, Ontario. P. H. BRYCE, M.A., M.B., Sec.

The Electric Light in Surgical Diagnosis. By ROSWELL PARK, M.D., Chicago. (Reprint from *Annals Anatomy and Surgery.*)

Secondary Batteries and the so-called Storage of Electricity. By ROSWELL PARK, A.M., M.P. (Reprint from *Chicago Med. Jour. and Examiner.*

The Percentage of College Bred Men in the Medical Profession. (Read before American Academy of Medicine). By CHARLES McINTIRE, jr., M.D., Easton, Penn.

Weekly Health and Mortality Bulletin of the City of Lansing and State of Michigan, Published by State Board of Health. Henry B. Baker, M.D., Sec., Lansing, Mich.

Compend of Anatomy; for use in the Dissecting Room and in Preparing for Examinations. (Third Edition). By JOHN B. ROBERTS, A.M., M.D. Philadelphia: C. C. Roberts & Co.

The exhaustion of the first edition of this work, the rapid appearance of a second and so shortly followed by a third is conclusive evidence of its saleable character, and that the author's method of teaching his subject is judicious and excellent.

The Systematic Treatment of Nerve Prostration and Hysteria. By W. S. PLAYFAIR, M.D., F.R.C.P. Henry C. Lea's Son & Co., Philadelphia; N. Ure & Co., Toronto, 1883. Price, $1.

This pamphlet, written with the usual clearness and polished diction of the well-known author, is a collection of the papers upon the subject published by him in the *London Lancet.* The ends in view and the means to attain those ends are forcibly urged, and the relation of the cases is vivid. The pleasure of reading the pamphlet is enhanced by the excellent typography.

Illustrations of Dissections; Representing the Dissection of the Human Body. By GEO. VINER ELLIS, Professor of Anatomy, University College, London, and G. H. FORD, ESQ. The drawings are from nature by Mr. Ford, from dissections by Prof. Ellis. Vol. ii., second edition. New York: Wm. Wood & Co., 1882. Toronto: Willing & Williamson.

This is the February Number of Wood's Library Series for 1882. The work is too well and favourably known from the English Edition to require comment. This volume takes up the Perinæum, Abdominal Parietes, Pelvis, and Lower Limb, and comprises plates xxix. to lviii. inclusive.

First Annual Report of the Provincial Board of Health of Ontario, 1882.

The first Report of the recently erected Provincial Board of Health is now before us. It is divided into three parts: the first comprising an account of the organization of the Board, the collection and dissemination of sanitary information, investigations into the causes of, and remedies for, various outbreaks of disease, the action taken in connection with reported nuisances and unsanitary conditions, the collection of disease statistics, the relations of the Board to various classes, and a forecast of the work to be done. Part II. contains eight appendices to the Report proper, consisting of Reports of Commissioners instituted by the Board, copies of documents, pamphlets, circulars, and memoranda issued by the Board during the year; and Part III. is

made up of addresses, lectures, and papers read or delivered by members of the Board, or under its auspices, most of which have already been abstracted or referred to in these papers. The volume as a whole, contains much valuable and interesting information, and fully attests the utility and efficiency of the Board. While the subject-matter is very good, in many instances the manner is anything but commendable, exhibiting too great a disregard of perspicuity and eloquence of diction—a fault the more remarkable since we observe that four out of the seven members are College-bred men. Pope's ashes must surely glow with the heat of indignation at the line quoted on page XXXII, unless in truth the dead care not what we mortals think.

Personal.

Dr. Uzziel Ogden expects to start for Europe in May.

Dr. Mills, of Montreal, left March 14th, for Strasburg and Leipsig.

Dr. Stewart expects to attend the April meeting of the German Surgical Society at Berlin.

Dr. W. J. Neilson has been appointed Health Officer at Winnipeg, with a salary of $1,200 a year.

Dr. W. H. Aikins has left Vienna and will soon return to Canada. Drs. Stewart, Edwardson, and Nattress are still in Vienna.

We are glad to be able to report that Dr. J. A. Stevenson, of London, is somewhat improved in health, although he is still confined to his room.

Dr. Buller, of McGill, Montreal, suffered for some time from sub-acute rheumatism. We are glad to learn that he has recovered, and has resumed practice. Report says that active work, including the task of looking after his *noisy tenant*, is more congenial to his taste.

As we anticipated in our last issue, Dr. William Canniff has been appointed City Health Officer for Toronto, at a salary of $1,500 a year. The choice is highly approved by the profession in and outside the city. Our only regret is the small compensation, as the duties are very onerous, and will interfere very seriously with active practice. In connection with the latter the Dr. will probably be able to attend to little excepting consultations. We believe he has been advised by friends to confine himself to consulting practice. His large experience and well-known ability would make him well fitted for such a course.

OBITUARY.

HENRY H. CROFT, D.C.L., F.C.S., ETC.

Professor Croft, after filling the Chair of Chemistry in University College, Toronto, for about 35 years, was superannuated in 1880, and shortly afterwards resided at his son's ranch until his death, which took place last month.

Although not a physician, few men were better known to the Medical Fraternity of Canada than this distinguished Professor. While connected with the University he taught medical students (chiefly those attending the Toronto School) for 30 years, and the relations existing between teacher and student, whether in the lecture-room, the laboratory, the "University Rifles," or in private social intercourse, were always of the most pleasant description. Being possessed of great ability, untiring energy, almost inexhaustible good nature, unbounded courtesy, and rare kindliness of heart, he was at the same time one of the most skilled scientists, and one of the most successful and best beloved teachers that this country has seen.

ARTHUR MOREN, M.D., EDIN.

Probably few physicians have visited Halifax without meeting the kind, genial, and courteous Dr. Moren, who was for a number of years Health Officer for that city. The news of his sudden death on the 27th of February, will be a source of the deepest regret to all such, as well as his host of personal friends in the Lower Provinces. His health had been poor for some years, and his sudden death was caused by hæmorrhage from the stomach.

Miscellaneous.

THE COLDEST TOWN IN THE WORLD.—The coldest inhabited town in the world is, according to *L'Union Médicale*, not Irkoutsk, as has been formerly believed, but Verchojansk, in Siberia. In this place the mean temperature during the month of January was—43° F.; in February,—56° F.; in March,—37° F. Once the thermometer recorded—81.4° F.

THE

CANADIAN PRACTITIONER

FORMERLY THE "CANADIAN JOURNAL OF MEDICAL SCIENCE."

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TORONTO, MAY, 1883.

Original Communications.

Introductory remarks by Dr. WORKMAN, to an article translated from the Italian *Rivista Sperimentale*, on the "*Cortical Functional Compensations of the Cerebrum;*" read before the Toronto Medical Society, on Thursday evening, 22nd March, 1883.

Mr. President and Gentlemen:

I presume you are all aware that the operation of the Act of the Imperial Parliament for the purpose, or the pretence, of suppressing cruelty to animals, framed under the auspices of a certain congeries of maudlin male sentimentalists, led on by a battalion of semi-lunatic itinerant female propagandists, has virtually, in our mother country, brought experimental physiology to a dead stand-still, and has transformed the once fertile field of British experimental research, into a sterile waste, over which ignorance and rehabilitated barbarism now exult in all the self-complacency of triumphant stupidity.

This famous, or too truly infamous, Act was, as you may have learned, rushed through its third reading, if not indeed its second, on the last day of a summer session, when a no small minority of the members of both Houses were on tiptoe impatience to rush off next day to the moors of England and the hills of Scotland, to illustrate their tender-heartedness and moral consistency in the wanton slaughter of hares, rabbits, deer, partridges, pheasants, grouse, woodcock, and all other sorts of creatures designated as game, and therefore not included in the catalogue of protected animals. Is there a sensible, honest man or woman in all the empire, who will deny that this army of licensed slaughterers, or rather this scattered gang of legislative empirics, inflicted more animal suffering, more barbaric torture, more lingering agony (for they wounded far more than they killed outright), on their unoffending and defenceless victims, within even the first day of their wanton butchery, than all the experimenting physiologists of England had done in the previous century? but with this terrific difference, that the object of the latter was the acquirement of a clearer knowledge of animal organization and functions, with the truly rational and humane view of enabling us better to understand these, and more successfully to combat those morbid deviations from the healthy state, without which medicine must have for ever remained in its pristine blind empiricism. But, behold the contrast! See the worse than insane, profitless, heartless butchery of the sporting parliamentarian, or empty skulled aristocrat! What object, one hundredth part so necessary, or so natural, as that which impels the tiger or the shark to seize its prey, has he, that urges or lures him on to imitate their craft and to transcend their ferocity? Does the physiologist ever inflict avoidable pain? Does *he* ever mutilate for the glory of having maimed? On the contrary, in almost every process of modern physiological experiment, the subjects of it are first brought into a state of complete

insensibility to pain, by appropriate anæsthetics; and they are treated, when they survive, with all that humanity and skilful care which may mitigate pain, when such really remains, or restore them to their prior health, which is certainly one of the most desirable results of the experiment, in both a physiological and a pathological view. None but the wilfully ignorant, or the perversely blind, can fail to know these facts. Was it then anything less than a rebuke to the common sense of a universally and deservedly beloved Queen, the mother of a numerous family, whose parturient agony had been so often nullified by anæsthetics, that Her ministers should present to *Her*, for Royal sanction, such a "Bill of Pains and Penalties," thereafter to be inflicted on the very class of men to whom Her Majesty was indebted for so priceless a boon? Was not this the very bathos of Bœotian irony?

But despite all the remonstrances of sober reason, and all the regrets of genuine humanity, there, on the Imperial Statute Book, stands the Act, and there it must stand until the ponderous elephantine slowness and mulish obstinacy of John Bull shall permit his arrival at the goal of common sense.

The anti-vivisectionists have secured the Royal seal to their death-dealing bond, and just like Shylock, they have never dreamed of the human blood its execution must cost, nor of the human pain its non-existence might avert.

Is it any wonder that both the scientists and the laity of other lands are now pointing with the finger of scorn at their British neighbours, and ridiculing, in very pungent terms, their rotten sentimentality and national hypocrisy? What other terms, indeed, can they select, in which truthfully and frankly to characterise the whole legislative pretence and procedure, or the purblind fanaticism of the unreasoning bipeds who frightened Parliament into the committal of such an act of treason against the true interests of science and humanity.

No longer now, as erewhile, may the student of medicine, or the cultivator of physiological science, seek for instruction in the schools of England, Scotland, or Ireland. "Othello's occupation's gone."

The young men of Canada, as well as those of other countries, must now wend their way to France, Germany, or Italy, (as indeed they already are doing in considerable numbers,) in order to acquire that knowledge of animal organization, animal functions, and animal diseases, which they know to be indispensable to the rational and successful practice of the medical profession. Continental physiological science is yet unshackled. "Wherever liberty is," said Franklin, "there is my country;" and just so now, say our most talented young men, who desire to complete their studies wherever the best and largest facilities for so doing are presented. Paris, Berlin, Vienna, and a goodly number of the revived seats of science in Italy, are now the objective points to which our young men must direct their pilgrimage, in search of that which our motherland denies them the privilege of there obtaining. And here I may, with both pertinency and justice, on the present occasion of reading before your Society an article which I have translated from that splendid periodical, the *Rivista Sperimentale*, state the gratifying fact, that the Italian schools, not only of medicine, but of every other department of science, are rapidly revindicating their too long neglected honours, and proving their right to the resumption of rank, in the very front of the allied forces of free and fearless scientific research.

The article to which I invite your attention is from the pen of *Professor Bianchi*, of Naples. The subject is entitled, "*The Cortical Functional Compensations of the Cerebrum*," and I cannot avoid flattering myself that it is one which cannot fail to interest warmly every member present, who has endeavoured to follow the march of modern

cerebral physiological research. As you will observe in the course of my reading, the present paper is but an anticipative communication, relating to a full work which Prof. Bianchi intends shortly to publish; it may, therefore, in some parts, appear undesirably defective, and in some others obscurely antagonistic to present cerebral theories. On the very important subject of cerebral localizations, it appears to me that Prof. Bianchi has thrown more cloud than sunshine, notwithstanding his declaration of unshaken faith in the theory; nor do I see that his appeal to the writings of *Prof. Golgi*, from which I shall, at the end, read you a few of the most pertinent passages, tends to dissipate our apprehensions. It is not, however, to be forgotten, that all *Golgi's* conclusions are based solely on his researches into the "*fine anatomy*" of the gangliar cerebral cells, and the nervous fibrillæ emanating from these, and that, in truth, his admirably minute tracing of these elements but leads us into a "*diffuse network*," or entanglement, in which nature seems to indulge in a hide-and-go-seek sort of sport, that defies even our conjectural ingenuity, and leaves us in very great doubt as to the antagonising force of speculative inferences so based against the clearly established results obtained by the experiments of a host of able and truthful physiologists. The intelligent and honest enquirer, who wishes only to discover the truth, will never decline to read both sides, and he who reads only one side, or none at all, will best consult his own comfort by keeping silence.

OVARIOTOMY.—FOUR CASES.

BY W. T. AIKINS, M.D., ETC.

(Reported by Mr. C. M. Foster.)

The following four cases represent all the ovariotomies which Dr. Aikins has performed since his return from Europe, in October, 1882.

Case I.—Miss M. B., æt. 22, Nov. 7th, 1882, general health good; menstruation regular and painless until January, 1882, since which time the flow has been irregular and more frequent.

January, 1882.—Abdominal pain on flexion of either thigh; no fullness noticed until the following March, when *general* abdominal fullness became evident.

November 9th, 1882.—Operated in private boarding-house, Toronto, assisted by Drs. U. Ogden and L. M. Sweetnam, of Toronto; Drs. Robertson and Bennett, of Milton, and some junior assistants being present. Right multilocular ovarian tumour, non-adherent. The after history of the case was most satisfactory, there being only slight elevation of temperature for two or three days, after which it continued normal, there being no unpleasant symptom to interrupt the steady return to recovery; the patient sat up on the fourteenth day, and a week later returned home. feeling perfectly well and has since continued so.

Case II.—Mrs. S., æt. 28, strongly built, healthy looking woman. Menstruated first between 13 and 14, not again for twelve months, then every two weeks during the seven cooler months. "Nothing seen" during the following summer. Then every two weeks during the fall and winter, as before, until June, when there was a constant flow for twenty-four days, followed by a sudden arrest. Then no menstruation for six years. About the end of the fifth year of arrest, when 22 years old, pain and swelling noticed in left iliac region, increase very slow until last fall, after which very rapid. Greatest girth, 2 inches below umbilicus, 40½ inches; umbilicus to pubes, 8¾ inches; umbilicus to ensiform cartilage, 9¼ inches; umbilicus to superior iliac processes, 9 inches right and left.

December 23rd.—Operated, assisted by Drs. U. Ogden and Sweetnam. Large, dense multilocular cyst of right ovary, compelling considerable extension of the abdominal incision in order to remove it.

A flattened out prolongation of the pedicle was found firmly applied to and adherent to the anterior surface of the cyst, which on plunging Spencer Wells' trocar into the body of the tumor, became wounded, all hæmorrhage being at once arrested by a temporary ligature about 1½ inches from the uterus. Dr. Aikins here pointed out the importance of carefully examining the anterior surface of the cyst before using the trocar, in order to determine the exact position of the pedicle, or any unusual extension of it over the surface of the tumor, due to unsymmetrical development of the latter, thus avoiding severe, or fatal hæmorrhage, by temporarily ligating the pedicle from 1 to 2 inches from the uterus before using the trocar.

Weight of tumor and contents, 40 pounds. The left fallopian tube was firmly adherent to the surface of the tumor, and the left ovary had upon its upper surface a small cyst. It might be a point worthy of inquiry, whether the distended position of the fallopian tube was the direct cause of the distended and arrested menstruation observed in this case.

There were no unpleasant symptoms in the history of the case after operation; a glass drainage tube was inserted, but only small quantities (℥i. to ℥iv) of bloody serum were contained in the tube on removal of the dressings; the tube was removed on the sixth day. Patient sat up in bed on twenty-first day, temperature and pulse being normal. Returned home shortly after.

Case III. Miss G., æt. 28, slender, delicate looking woman, nervous temperament. Fullness in umbilical region noticed 2½ years ago, no pain until last summer when the tumor became considerably enlarged, only painful when lying down. Tapped last September producing relief from pain until the original size was reached, when the same pains returned.

February 16th, 1883. Operated, assisted by Drs. Ogden and Sweetnam. When the superficial structures had been divided down to the peritoneal membrane, a sac-like protrusion of this membrane pushed its way between the lips of the incision, and on being punctured was found to contain 2 or 3 oz. of a straw-coloured fluid.

The uterus considerably pushed up out of the pelvis, so that the fundus was only slightly below the point where the abdomen had been tapped—this organ was also much enlarged and congested; the bladder was also forced up out of the true pelvis.

Two cysts, in each about two thirds of the tumor consisted of one large unilocular cyst, the other third of a number of small dense cysts.

The cyst of the right ovary contained a thick brownish black fluid, the left a perfectly colourless fluid.

On the 14th day was sitting up in armchair feeling well and cheerful.

On the 13th of March went home.

Case IV. Mrs. B., æt. 46, November 3rd, 1882, general health good, quite well until five years ago when for nine months there were severe abdominal inflammatory attacks at each menstrual period, after this there were occasional similar attacks.

Tumor easily felt in pelvis by abdominal palpation. March 22nd, 1883; fairly good health since November. Kept in bed from March 1st to 11th suffering from severe pain in left lumbar and inguinal regions; on the 5th day of this illness, the menstrual flow began and continued for four days giving marked relief. Tumor twice as large as in November, and cannot now be pressed down into the true pelvis.

March 27th, operated, assisted by Drs. Ogden and Sweetnam. A dermoid cyst of the left ovary, containing a thick yellow oily fluid which on cooling solidified, also a ball of coarse brown hair about the size of a small orange, and four or five fully developed teeth; on the inner surface of the cyst wall were several small islets of skin with long hairs attached.

There were extensive adhesions to the walls of the pelvis.

Beyond the slight vomiting and troublesome eructations together with some easily pacified hysterical symptoms, the after history has been good in every respect. It is now some nine or ten days since the patient has been allowed to sit up in bed and in an arm chair, and is feeling well and in the best of spirits.

In each case special attention was paid to the ventilation and purity of the room in which the operation was performed.

The room chosen was large, with high ceiling, admitting as much sunlight as possible; all excess of carpets and curtains being got rid of, and the room sprayed out for an hour before the operation with 1 in 40 to 50 carbolic solution. The woodwork and floor of the room well scrubbed previously.

The air of the room was conducted through a pipe, opening a few inches below the ceiling and leading into the chimney flue, fresh air being admitted by keeping the lower part of one window slightly open and a grate fire kept constantly burning; the temperature regulated by thermometer kept in the room.

The patients were required to pay special attention to personal cleanliness, thoroughly bathing the whole body on the night before the operation.

A dose of castor oil was given on preceding night. Nothing more than a little toast and tea (in some of the cases nothing) was allowed to be taken on the morning of operation, which in each case began at about eleven a.m., ether being the anæsthetic used.

Every antiseptic precaution was observed, the sponges being thoroughly cleaned on the day before, and each sponge wrung out of a 2½ per cent. solution of carbolic acid before being used.

The instruments were kept in a solution of 2½ per cent., the hands of the operator and assistants washed in a solution of equal strength; the surface of the abdomen first washed with soap and warm water, and then with a 2½ per cent. solution.

Baker Brown's clamp and the actual cautery were used in each case in order to secure the pedicle against hæmorrhage. Throughout the operations a spray of a 1 in 40 to 50 solution of carbolic acid was thrown upon the surface of the abdomen by means of the steam spray apparatus.

The pelvis was in each case well sponged out. Sutures of silk-worm gut were used, passing through all the structures of the abdominal wall.

Before opening the peritoneal cavity all oozing was arrested by Pean's compression forceps. Lister's dressings were finally applied (gauze and mackintosh), then narrow slips of plaster passing over the mackintosh to each flank—then cotton batting, and over all the abdominal bandage.

There was not the slightest indication of pus in any of the cases at any time. The sutures were removed with the exception of two or three of lowest on the ninth day.

The catheter was used by the nurse from time to time, when required, and enemata of warm water, when indicated.

In Case I, highest temperature, 100° 2/5.

In Case II the highest temperature recorded was 101°, about 12 on the night after operation.

In Case III, 101° 3/5, was the highest, taken at 11 p.m. on the night after operation.

In Case IV, 101° 2/5, on the second evening after operation.

CLINICAL REMARKS ON THE NEPHRITIS OF PREGNANCY.

(Summer Session Course, McGill College, April 10th.)

BY WM. OSLER, M.D., M.R.C.P., LOND., PROFESSOR OF THE INSTITUTES OF MEDICINE.

Reported by Mr. W. A. Smith.

Gentlemen:—

I want to speak to-day on the subject of nephritis, or inflammation of the kidney in

pregnancy. A special interest is attached to this form, inasmuch as one of the most terrible complications which can occur in the pregnant condition, is liable to supervene in these cases, viz: puerperal convulsions, or *eclampsia gravidarum*.

In ward 24 you have had an opportunity of studying one of these cases, and another occurred a few days ago in the Lying-in-Hospital, the post-mortem on which most of you saw.

The history of the first case is as follows:—

Catharine D., æt. 21, was admitted into the General Hospital, March 20th, 1883, with vomiting and headache. She was pregnant, in the eighth month. While in the bath she was seized with a severe convulsion which lasted about two minutes. She then became unconscious. Two hours after, she had a second fit. Examination showed no signs of life in the child. The woman's feet were swollen, and her eyelids puffy. The urine was drawn off, and on boiling was found to be nearly solid with albumen. The specific gravity was 1032. It was dark brown in colour, and contained numerous granular and epithelial casts, with blood corpuscles. She was given ♏ xii. of Battley's sedative solution hypodermically. At five o'clock p.m., there was another slight convulsion, and the hypodermic was repeated, ♏ xv. being given. At ten o'clock p.m., this was again repeated, and she had a good night.

The next day she was easier and passed urine freely. Another hypodermic injection was given, the loins were cupped, and poultices were applied. On the 24th there was occasional vomiting. She had a convulsion last night at ten p.m., and another at six a.m. There was one at midday, followed by another in half an hour. These were all severe, and there was brief coma after each. The Battley's solution was given every six hours hypodermically. In the last twenty-four hours she had passed only of urine, of a normal colour, and not containing much albumen. She was given chloral hydrate gr. x. with potass. bromide gr. xx. every four hours.

March 25th.—She has had no convulsions for twenty-four hours. She has had the Battley's solution every four hours for four doses. She had a steam bath this morning, and was better after it.

March 26th.—Has had no opium since last night, there is no vomiting, and the œdema has left the legs. She has passed ℥ xxx. of urine in the last twenty-four hours; it was clear and contained albumen, but no casts or blood.

March 27th.—Labour pains came on last night and patient was delivered of a macerated fœtus about eight months old. From the time the pains began the patient was quite delirious. Labour lasted twelve hours, and during it there were no convulsions.

March 28th.—Patient was still delirious, and for three or four days there was an irregular fever. The discharges were free and not offensive, but the uterus was washed out with a solution of carbolic acid two or three times a day.

April 2nd.—The temperature was normal and the patient felt better, and the delirium had ceased.

On the 8th the patient was better, and there was only a very slight trace of albumen in the urine.

To-day, the 10th, the patient is quite well, and will be up to-morrow.

The case which occurred in the Lying-in Hospital is as follows:—This patient was admitted on the 23rd of March, pregnant with her first child. She was 40 years of age. While in the hospital she was noticed to act peculiarly. She said she was married. Was of intemperate habits. Had inflammatory rheumatism five years ago, which left one of her legs stiff. She never complained of swelling of the feet or legs.

Thursday, April 5th.—She was quite well; complained of being very hungry, and ate heavy meals. She first vomited a little after eleven o'clock in the evening

but talked and laughed with the other patients after two o'clock on Friday morning. The vomiting returned at intervals, but she complained of no pain. About 3.30 a.m. she was found sitting up in bed, with her head on her chest and a chamber pot between her knees. Mrs. Smiley was then called upstairs and found her rigid, but soon her hands and arms began to work convulsively. After a time these movements ceased and then recurred, the limbs in the meantime being rigid. The pulse was full and not rapid; the heart's impulse was weak. The eyes were fixed, and the pupils were larger than natural. The spasms soon became more violent, the hands and arms worked violently, and the teeth were clenched. She passed a fair quantity of urine and of a natural colour. Dr. Browne was called in, and drew off a small quantity of dark-coloured urine, containing a large quantity of albumen and some granular casts. The woman died about five o'clock in the morning during a convulsion. This is a case of special interest, as the woman complained of nothing, and was apparently well when she went to bed. She had taken her meals through the day, and during the night was seized with severe convulsions, and died in three hours.

At the autopsy we found that the brain was full, the convolutions flattened, and the vessels tolerably injected. At the base, blood was seen projecting immediately in front of the optic commissure, at the infundibulum, and was extravasated beneath the meninges on the left side of the pons, left side of the medulla, and projected from the fourth ventricle, when the cord was cut, and also extended down the cord as far as could be seen. When the ventricles were opened we found the condition as here seen in the specimen. The left lateral ventricle contained an enormous blood clot, forming a complete cast of the chamber. This clot infiltrates and breaks up the corpus striatum, through which it has burst, but the superficial layer of the corpus striatum is still seen covering the clot. The blood has burst into the third ventricle, and into the right lateral ventricle, and the clot is moulded to its shape, but it is smaller than on the other side. The blood has passed through the iter, into the fourth ventricle, and forms a very perfect cast of that cavity. I do not remember ever to have seen a more complete set of blood casts of the ventricles.

On opening the abdomen the pregnant uterus was seen to reach nearly to the xiphoid cartilage, and when removed was found to contain a nearly mature fœtus. Covering the surface of the liver were numerous superficial extravasations.

In the thorax there was nothing of note in either pleural sac. The heart was of full size; the left ventricle a little enlarged, but the walls were not specially increased in thickness. They were pale, and under the microscope showed signs of slight fatty degeneration. The valves were healthy.

There was a good deal of serous infiltration in the connective tissue in the abdomen, especially about the kidneys, omentum, and retro-peritoneal tissues.

The kidneys presented the following conditions:—they were slightly enlarged, weighing 180 and 200 grammes. The capsules were exceedingly opaque, thicker than natural, and somewhat adherent, in places tearing the substance in the removal. The exposed surface was of a dark brownish-red colour; smooth, except where torn in the detachment of the capsule. On section they cut with slightly increased resistance. The cortices were full in volume, and blood in considerable quantity dripped from the surface, more particularly from the large veins at the base of the pyramids. The tissue looked turbid, and had not the usual clear appearance of healthy renal substance. There were no spots of localized opacity. The medullary rays were not specially marked. The malpighian bodies were only just visible. The pyramids, deeper in colour than the cortex, showed the straight vessels with great distinctness. On microscopic

examination, the convoluted tubules were largely distended with very granular epithelium, which in places appears like granular debris, without any signs of epithelial cells. The special points are the granular degeneration of the renal cells, and the swelling of the tubules.

What produces the nephritis in pregnancy? Several theories have been advanced to account for it, but none of them are entirely satisfactory, and we may as well at the outset confess our ignorance of the true cause.

The most common theory, that which was advanced by the late Dr. Lever, of Guy's Hospital, in 1843, was, that it was due to pressure on the renal veins by the gravid uterus. The condition occurs most frequently in the later months of pregnancy, more often in primipara than in multipara, and it was thought that the enlarged uterus pressed upon the renal veins, produced congestion of the kidneys, a sort of mechanical hyperæmia, and gradually the inflammation. There are many points against this view, which is now not held by many.

Those of you who noted the post-mortem in this case, remember that the uterus when the abdomen was opened was in front, the intestines were above and behind. The fundus uteri was not in contact with the vertebral column, but was separated from it by a pad of intestine. Then again, there are many other tumors in the abdomens, as ovarian tumors particularly, which grow larger, are more solid, and have a better chance of compressing the renal veins than the pregnant uterus, and yet it is the rarest thing for nephritis to be the consequence of these tumors. Another pressure theory is, that it may be due to compression of the ureters and stoppage of the free flow of urine, which causes dilatation of the calices, and by damming back the urine produces inflammation of the kidneys. A view held by many writers is that it is due to an altered blood crasis in the pregnant woman in whom the blood is more watery than normal, and Frerichs thought that there might be such an altered condition of the blood, that inflammation of the kidneys might be induced, but there is no satisfactory evidence to show that this is the case.

Some have thought that the kidneys had more work to do, in that they had not only to excrete the excrementitious substances of the mother, but also the waste of the fœtus, and that under the increased stress of work in certain instances inflammation was produced.

These are some of the views which have been held with regard to the etiology of this form of nephritis, but in reality the cause is not satisfactorily known.

There are certain peculiarities in the nephritis of pregnancy. In the first place, it comes on very insidiously, with but few of the prominent features of the acute nephritis from other causes. There is rarely any fever; no pains in the loins. The first thing that the patient notices is swelling of the feet, perhaps puffiness of the eyelids, or a little swelling of the hands. The urine is diminished in quantity; it rarely contains blood; the amount of albumen is very large. On examination with the microscope hyaline and epithelial casts are found. So gradual and so insidious is the onset of nephritis in pregnant women, that you should be most watchful, and take note of any symptoms which point in that direction in any woman who has engaged you to confine her. The most unfortunate peculiarity in the nephritis of pregnancy is the frequency with which uræmic convulsions supervene. In no other renal trouble is the ratio so high; at least 25 per cent. of these patients have convulsions.

A point to be borne in mind in reference to the diagnosis is, that dropsy of the feet in pregnant women does not always indicate implication of the kidneys. You may have œdema of the feet from a watery condition of the blood, or from the pressure of the uterus on the larger veins, but it is a condition that you would most carefully look into.

The convulsions themselves are essentially due to the existence of that condition known as uræmia: the important factor in which is inadequate action of the kidney. Whether the uræmia, as its name implies, is due to the retention in the blood of certain excrementitious substances, or whether it is due to mechanical or vascular changes in the brain, œdema or anæmia, has yet to be settled. The special manifestations of uræmia in the Bright's disease of pregnancy are convulsions, which may precede, accompany, or follow labour. These patients often have premonitory symptoms, as in the first case, headache and vomiting. They complain of being out of sorts, and may be sick at the stomach. Such symptoms in a pregnant woman should receive your most watchful consideration. The attacks resemble those of epilepsy, but they are never preceded by the epileptic cry. They usually begin with clonic, convulsive movements of the limbs. It is common for the arms to move much more than the legs. Succeeding these there are tonic contractions, in which the muscles become rigid, the neck stiff, and the eyeballs fixed. The spasms of the muscles of respiration prevent the movements of the chest. These patients become livid. This condition rarely lasts for more than thirty or forty seconds and then they begin to breathe again. Following the seizure there is a period of stupor, which may deepen into actual coma. The respirations become stertorous, and the patient sinks into a deep, heavy sleep, which may last for an hour or two, rarely longer. There may be a series of these convulsions, but the rule is not to have very many, although they may have ten, twenty, or even a hundred.

The relative frequency of eclampsia varies in different quarters. In the Lying-in-Hospital, here, (in Dr. MacCallum's report for eight years, ending 1875) in 995 cases of labour, there were seven cases of convulsions. In 24,000 cases in Braun's Clinic, in Vienna, there were 44 cases. The usual proportion is one in four or five hundred cases. The ratio here has been high. The mortality is very great, ranging from 25 per cent. to 30 per cent. of all cases. The mortality also varies considerably. Of the seven cases at the Lying-in-Hospital (during the eight years ending 1875) all recovered; but since that time there have been two fatal cases. The fatal result may be due to the long continuance of the convulsions, or to the exhaustion supervening upon them, or the patient may die from hæmorrhage during a convulsion, as in the second case given above. A similar case occurred in the Hospital a few years ago of a woman who died in convulsions, and we found in her also extensive hæmorrhage in the brain. It may be, indeed, that in those cases in which the patient has a severe convulsion becomes quickly and profoundly comatose, and never recovers consciousness, that the fatal result is due to extravasation of blood. If the patient recovers, the renal disease may subside after delivery, as it is doing in the case downstairs. It is not often that it passes on to the chronic form, though it does so sometimes, as in the case in which I made the autopsy in 1877, in which the kidneys weighed over 11 oz. each.

Among the forms of treatment of this condition, that which I read to you in the first case will give a good idea. Give opiates hypodermically, or by the mouth. Chloral hydrate is highly praised, and Dr. McCallum has used it with great success. Bleeding is frequently resorted to, and with good effect. Make use also of the special treatment of the renal symptoms, by cupping, hot poultices, diuretics, and the steam or vapour bath.

GLOSSO-LABIO—LARYNGEAL PARALYSIS.

BY JOHN FERGUSON, B.A., M.B., L.R.C.P.
Assistant Demonstrator of Anatomy, Toronto School of Medicine.

This disease has been so well described, its clinical history so carefully recorded, and the hopelessness of its treatment so

universally admitted, that it would seem as if nothing was left for the practical observer. Strange varieties occur however, in the many ailments to which human flesh is heir; and it is by noting these varieties and applying their teachings to the general case that we often obtain our best lessons. When a certain combination of symptoms occurs and we have by means of these symptoms, a picture which can always be recognized, then we have what is known as a disease. This combination of symptoms in some cases may be caused in different ways. No one ever heard of traumatic measles, but all are acquainted with traumatic and idiopathic cataracts. The same is true with regard to nerve affections. The same condition may be brought about, as the result of injury, or in other ways, too subtle for the most accurate observation to detect. An interesting case, again, is of no small value, for it may act as the key to many an obscure condition of the organism, in other and allied affections. Slight abnormalities are not seldom the chinks that let in a little side light which may lead to the explanation of a long series of symptoms hitherto enshrouded in thickest gloom, to the addition of a new disease to, or the removal of an entire class of disorders from our nosological catalogues. Some time ago I offered a short contribution on the subject of "Peripheral Paraplegia," in which I tried to show that cases of paraplegia running somewhat anomalous courses could be explained by supposing that the original disturbance existed in the peripheral nerves; and from these as a starting point extended, till the centres became involved, producing the true characters of a paraplegia. Recently great attention has been paid to this most interesting department of medical study; and much light has been thrown upon affections of the cord, arising from lesions in nerves at some distant part of the body. The abnormal action started in the distal nerve, creeps onward with more or less rapidity, implicating larger nerve trunks in its progress, giving rise to a condition of the parts, not by any means easy of explanation, and, on finally reaching the cord, producing paralytic affections, similar to those where the centres are primarily the seat of disease. What have we in tetanus, following an operation in the morbid state of the cord, long after an amputation, or in the loss of function in the optic nerve as the consequence of spinal concussion, but an illustration of the thesis, that diseased action can and does travel along nerve trunks. It is admitted that inflammation may extend in the same tissue until a very wide area is involved. Thus from a small inflammatory patch on the synovial membrane of the knee, what an amount of mischief may follow as to lead to the utter destruction of the joint. In fracture or dislocation of the spine, with injury to the cord, there may be softening, and this softening may extend upwards and downwards from the seat of injury, until the greater part of the cord becomes involved.

With these remarks, on the possibility of peripheral nerve lesions passing onwards to the centres, and thereupon producing widespread derangement, I shall record a case of bulbar paralysis, in consequence of a blow to the facial nerve. Mr. V. E. R., a relative of the writer, received a severe blow on the left side of the face and head early in March, 1882. While rolling sawlogs, one of them came down heavily on the end of a handspike, causing the other end to fly up, taking him across the face in an oblique direction over the ramus of the lower maxilla. As the effects of the blow apparently soon passed away, no attention was given to the matter for about a week. During this time there was evidence that the muscles of the left side of the face were somewhat paralysed; but particularly, as regards the eye, the upper lid remaining constantly open. On the 21st March I received a letter from him giving a detailed account of the condition of the face:

"My left eye remains always open. I feel a good deal of loss of power over the muscles of the same side, and the mouth is drawn to the opposite side, giving me a rather odd expression. When I laugh the corner of my mouth goes distinctly to the other side. There is a sort of stiffness on the affected side when eating; and I often rub my chest and move my head about as if to get rid of the disagreeable sensation of loss of power." I advised him to come to the city, which he did, and I made a careful examination of the case on 1st April. From the time of the accident, shampooing and friction had been diligently kept up Blistering fluid and stimulating embrocations were employed in turn; internally, tonics, principally strychnine. On the date first mentioned, there was distinct paralysis in all the muscles supplied by the facial, excepting the platysma. From this it would appear that the infra-maxillary division of the facial had escaped in the first instance, as it passes lower than the angle of the jaw. By the middle of April there was evidence of the platysma becoming involved. This would point in the direction of an extension of the diseased state towards the centre. The progress now began to be rapid. The branches of the facial, that come off nearer the origin of the nerve, as the stylo-hyoid, digastric, and chorda-tympani, appeared to be implicated. The lingualis muscle, soft palate, and the secretion of saliva on the affected side were slightly deranged. The flow at first was too abundant, while later on it became scanty, again to be greatly increased in amount. Early in May there was slight deafness on the left side, perhaps due to a diseased condition of the branches to the stapedius, laxator tympani and tensor tympani. On May 10th there was severe tinnitus, which lasted about a week, and ended in almost total deafness on the injured side. This might be due to the auditory portion of the seventh being involved, through its close connection with the portio dura, by means of the portio intermedia, and some small filaments, or, because the diseased condition had reached the floor of the fourth ventricle. The next structure to suffer was the sixth. This happened as an external strabismus of the left eye on 29th May. In seven days little or no external squint could be detected, and by the lapse of three weeks the eye had become convergent. In the meantime the glosso-pharyngeal nerve gave some signs of impairment. This was manifested by difficulty in swallowing, a feeling of loss of both sensation and power in the affected side of the pharynx, and modification in sense of taste in that part of the tongue to which this nerve is distributed. At this date it will be seen that the facial, auditory, sixth and glosso-pharyngeal nerves had become affected.

The patient's condition gradually got worse until about the beginning of September, when the symptoms of glosso-labio-laryngeal paralysis were fully shown. Throughout the month of September the case remained, to all appearances, nearly stationary; and then began slowly to improve. The lost sensory functions were the first to mend, while motion continued very imperfect for about another month. By the end of October there was a fair amelioration of all the symptoms; and things looked as if a recovery might take place. Lately, however, the condition has been getting worse, and from the tone of letters received a very unfavourable prognosis must be given.

PUERPERAL SEPTICÆMIA.

BY R. WHITEMAN, M.B., SHAKESPEARE, ONT.

In the spring of 1882 I was called to see Mrs. M. I found pulse 140, temp. 105° F. Some delirium, restless, very thirsty, tongue coated, constant chills, anxious expression of face, abdomen very tender, enlarged, and tympanitic, an offensive lochial discharge, uterus enlarged, os patulous and tender; she had, I was informed, been confined three days previously. I first gave

℞ Tr. opii .....ʒ ss.
Ext. Ergotæ Fl.....ɱ xlv.
Ext. Digitalis Fl. .....ɱ iv.

I next passed a tube similar to that of a stomach pump into the os and well up to the fundus uteri. Through this I poured, by means of a syringe, a constant stream of a weak solution of carbolic acid. The first water I used hot, about 110° F., that the heat might excite uterine contraction, and also for the greater cleansing power of hot water. This stream was kept up until the water returning was quite clean and free from offensive smell; making it gradually cooler until about 60° F., which assisted very much to cool the patient.

I next had the bed made dry under her, gave gr. x. of quinine, and ordered a powder containing one grain each of opium, quinine, and digitalis, to be given every two hours until pain is relieved (or every hour if necessary) then from four to six hours apart until my next visit. My next care is to cool the abdomen. For this I first dip my hand in cold water and apply it, then a towel. The first application or two gives a good deal of shock, but after that she does not mind it. When the skin is slightly cooled I apply an ice compress. In this I am aware that I differ from the usual line of treatment, which is to apply hot stupes or fomentations, for which I see no good reason, but several serious objections, which I will state below.

In this case I also gave ice in her mouth and applied a cold compress to her head. I then gave an enema of turpentine fl. ʒ ss., castor oil fl. ʒ iv. in about a pint of starch. This I instructed her to retain as long as she could. As I had come about eight miles to see the patient I waited a little after I was through to observe the effect, and before I left she felt quite comfortable; pulse, 116, temperature, 100.5°, and no more chills. I left the tube in the uterus, and ordered it to be washed out every three hours, using a bedpan, so as not to wet the bed. It is needless to give all details, but this patient steadily progressed towards recovery and was up on the tenth day from her confinement. I have altogether treated about six cases as bad in the same way, and all recovered. I attach much importance to the cold compress instead of hot fomentations, and will now tabulate my reasons for and against each:—

The patient is in a high fever.	Cold will assist in reducing temperature.
	Heat will increase temperature.
Absorption is going on.	Cold, by checking vital activity, diminishes it.
	Heat, by increasing vital activity, increases it.
The abdomen is tympanitic.	Cold will diminish volume of gas.
	Heat will expand it.
Putrefaction is going on.	Cold will check it.
	Heat will promote it.

The effect of cold over the uterus is to promote contraction of that organ, which, of itself, will do much to diminish absorption by presenting both a small surface and smaller orifices; and although heat applied internally will also produce contraction it is more likely, by the time it is conducted to the uterus, when applied internally, to become the gentle warmth that would expand it. This line of treatment I have now employed for about six years with results that appear to me to be better than any other yet published. I thought some time ago of publishing some cases, but being pressed for time, I postponed, and write this in haste, as I have lately received accounts of several fatal cases of puerperal septicæmia. Of course, in such cases, one cannot fairly give all the credit of success to one portion of the treatment. I have sent you all that I deem important, and if any of the positions taken by me appear untenable I shall be glad to see a fair criticism.

Selections: Medicine.

Glycerine Glue in Skin Diseases.—(*Monat f. Prak. Dermat*), Paul G. Unna, and Paul Beiersdorf, speak very highly of a mixture of gelatine and glycerine. One

form is called soft and contains five per cent. of gelatine to a varying amount of glycerine, from twenty to ninety per cent. The other is hard and contains ten per cent. of gelatine, and from forty to eighty per cent. of glycerine. The third form contains twenty per cent. of gelatine, and from sixty to seventy-five of glycerine.

TABLE A.—SOFT.

Medicament.	Gelatine.	Glycerine.	Water.	Therapeutic Uses.
5 Iodoform....	5	20	70	Apply freely to buboes.
10 Sulphur .... 2 Camphor... 1 Calc.Carb..	5	25	57	The different forms of Acne.
10 Zinci Ox... 10 Alum Acet..	5	30	45	Erysipelas.

TABLE B.—HARD.

.1 Hydrarg per chl. 5 C'rb'lic Acid 10 Zinc. Ox. ..	10	50	25	Lichen ruber, Myc'sis, etc
10 Acid ..... Salicylic..	10	45	35	Condylomata, Verruca, Mollusc. Contag, Callus.
10 Pix. Liquid..	10	50	30	Psoriasis, Acne, Eczema, Pernio, Acne, Rosacea.
10 Icthyol.....	10	50	30	

TABLE C.—HARD.

10 Ol. Cadini .. 20 Pix. Liquid ..	30 20	70 60	Eczema, Psoriasis, etc.
10 Icthyol .... 10 Pix. Liquid.	20	60	
5 Pyrogallic Acid	20	75	Psoriasis, Mycosis, Swellings, etc.

Any number of variations can be made, according to the agent employed, and the strength required. In the first two tables a certain amount of water is used. In the third there is no water.

A Modification of Anstie's Test for Alcohol.—Into a tube containing a gram of white sulphuric acid pour twice as much of the urine to be tested, so as to overlay the acid. Now drop in a small clean crystal of potassium bichromate, and slowly mix the liquids by rotary motion of the test-tube. If alcohol is present in proportion as large as two or three parts per thousand, a permanent green discoloration of the liquids will result; if there is less than this, the liquids will remain of a ruby color.—*Philadelphia Medical Times.*

The Pathology of Acetonuria.—Dr. R. Jaksch (*Zeitschr für Klin. Medizin*) in an article on acetonuria gives the following classification:

1. Febrile acetonuria.
2. Diabetic acetonuria.
3. Acetonuria in certain forms of carcinoma, and
4. Acetonuria along with acetonæmia.

He has on several occasions found acetonuria in cases of very lingering fevers. This condition is most marked in the morning urine as a result of the elevation in temperature of the previous afternoon. The continued fever changes the glycogenic function in some way.

In diabetes he has found this condition in the urine, without the same condition existing in the form of acetonæmia to any marked extent, there being no symptoms present of the latter trouble.

In real cases of acetonæmia, acetons could be found in the urine.

Of twelve examples of carcinoma, acetonuria was present in three, in one of the stomach, another of the œsophagus, and a third of the stomach and pancreas.

He also found acetons in the urine of a patient suffering from hydrophobia.

Poisoning by Belladonna Plaister.—Dr. Mather, of Suffield, Connecticut, reports a severe case of belladonna poisoning from the use of a plaister. It was seven inches by seven inches, and was placed over the left lung. It remained on for six weeks, when it began to annoy the patient. Dr. Mather removed it altogether, and rubbed the surface freely with his hand. The plaister was then replaced. On the following morning, the pupils were dilated, the throat was dry, and the pulses could not be found. Stimulants and morphine were administered, and recovery ensued.

Belladonna plaisters often cause symptoms of poisoning. In a case in my own practice a six by six plaister, (Seabury & Johnson), caused almost immediately the

characteristic symptoms, the dry throat and dilated pupil.—*New York Medical Record, January 20th, 1883.*

Action of Oxygenated Water upon Albuminoid Substances.—M. Paul Bert and M. Regnard made a communication upon this subject to the *Société de Biologie.* Ovalbumen shaken with oxygenated water becomes incoagulable by heat—remaining coagulable by other re-agents. In the polarimeter this albumen continues to deviate in the same direction, but to a slighter degree. It does not dialyse like the peptones—whenever a portion passes in dialysis—this portion is incoagulable by heat. Blood albumen acts in the same manner.

Fibrin treated by oxygenated water becomes a substance incoagulable both by heat and nitric acid, but coagulable by other agents of coagulation. This is then a new modification of albuminoid substances.—*Gaz. des Hôp.*

Bromide of Gold has been tried for seven months in the treatment of epilepsy by Bourneville at Bicêtre. The initial dose was one milligram, gradually increased, until at the end of the seven months the daily dose was ten centigrams. In the doses given it had no appreciable effect upon the paroxysms. For this reason, and on account of the high cost of the drug, it was discontinued.—*Le Prog. Méd.*

Contribution to the Study of Blennorhagic Sciatica.—Very interesting relations exist between blennorhagia and the development of sciatic neuralgia. Becchini reports in *La Sperimentale* the history of two patients who were seized with very acute pain along the tract of the sciatic nerve during the course of an acute blennorhagia. The usual treatment for sciatica failed, and recovery ensued only on the cure of the blennorhagia by the ordinary means.—*Lyon Méd.*

M. Sorel, in a great number of autopsies of non-tubercular individuals, finds ancient pleural adhesions in about one-third; they are more often upon the right side than the left, but are sometimes bilateral. He finds it difficult to specify the origin of these alterations, but points out pneumonia, pleurodynia, neuralgias, cirrhosis of the liver and rheumatism. These adhesions render the lung more vulnerable, retard the recovery from common phlegmasias, &c. They may serve as a *point d'appel* for the thoracic localisation of general diseases. The author recognizes the need of a control of his facts, their criticism and interpretation.—*Le Prog. Méd.*

The Renal Asthma that appears sometimes comparatively early in Bright's disease, Dr. Miles has frequently observed to consist in the alteration of the ordinary respiratory rhythm by the introduction of active, or forced expiration, giving the panting respiration of mental agitation. The patient's speech is interfered with, because the respiratory act is precipitate and beyond his control. There is an abnormal excitement of the respiratory centres. This is sometimes accompanied with a feeling of anxiety and apprehension, sometimes not. It may come on in a moment and last but a short time, and be so little marked that the patient does not seem aware that he is breathing abnormally.—*Md. Med. Jour.*

Dr. E. Ludwig concludes from eight experiments upon dogs, that in arsenical poisoning, the liver contains the largest proportion of arsenic. It was found to contain nearly seventeen times as much poison as the brain. Observations on men poisoned by arsenic corroborate these facts. —*Gaillard's Med. Jnl.*

Chlorinated Oil in Scabies.—A new remedy for this affliction, says the *Med. and Surg. Reporter,* is made by passing chlorine into olive oil. A compress of cotton with this oil is to be applied night

and morning. It is said to be equally efficacious in other parasitic skin affections. —*Pittsburgh Med. Jnl.*

Surgery.

Naphthalin Dressing.—Fischer (*Berl. Klin. Woch.*) employed this agent as an antiseptic dressing. He covered the wounds with the pulverized crystals. It causes no irritation, and has a good effect on the granulations. Hoefmann (*Central f. Chirurgie*) has used it as a powder, and as a salve in equal parts of vaseline. At first he used it in fresh wounds only, but afterwards employed it in necrosis, syphilitic ulcers, lupus, coryza, etc. Hager (*ibidem*) has used it with good results. He washes the wounds with a one per cent. solution of perchloride of mercury, and then applies the naphthalin on a water dressing compress. Hager speaks highly of this as a non-irritating form of antiseptic.

New Operation for Spina Bifida.—At the Leeds and West Riding Med. Chir. Soc. (*Brit. Med. Jour.*), Mr. A. W. Mayo Robson showed a child six weeks old, on which he operated when six days old, in the following way :—He first removed the redundant parts and stitched up the arachnoid over the spinal canal. Periosteum from a rabbit was then inserted between the meninges and the skin, so as to cover the gap in the bones. The wound healed perfectly, and the skin over the lumbar region was quite level. There was no tenderness on pressure. Mr. Robson drew attention to the following points: 1. Full antiseptic precautions were employed, eucalyptus air being used instead of carbolic spray. 2. The meninges were closed by uniting the serous surfaces, as in peritoneal surgery. 3. The transplantation of living periosteum, and its continued vitality. It had not yet, however, formed new bone, but already the covering of the canal had a greater than mere skin firmness. 4. The entire absence of bad symptoms in the child operated upon at so early an age.

Vascular Changes in Amputated Limbs. —In a paper in the *Révue de Chirurgie* upon the modification in calibre of the vessels of amputated limbs, M. Segond comes to the following conclusions :—

1st. After amputations the arteries and veins almost always undergo a notable diminution of calibre. This is observed even when the amputated segment represents, as in amputations of the foot or the hand, a very small part of the total mass of the limb.

2nd. The extent of this diminution of calibre is such that the vascular irrigation is lessened, not only in the stump itself, but in the entire mutilated limb from its extremity to its root.

3rd. The diminution of the calibre of the vessels is precocious. It ought not to be considered as consecutive to the atrophy of the amputated limb. Indeed, after this last phenomenon has been developed, we always find a diminution of the calibre of the vessels, and this may even be shown before the atrophy of the soft parts is appreciable.

4th. The primitive diminution of the calibre of the vessels probably plays an important part in the pathogeny of the atrophy of amputated limbs. — *L'Union Méd.*

Sarcoma.—Dr. Kobner, (*Berl. Klin. Woch.*) records a case of sarcoma in a child eight years old. The nodules were like split peas, and occurred in the skin. They consisted of spindle cells. The nodules were increasing rapidly. He gave five minims of an equal solution of liq. arsenicalis and water hypodermically twice in three days, increasing to nine minims. The disease entirely disappeared in six months.

Lithotomy for Severe Chronic Catarrh of the Bladder.—Dr. M. Horovitz, (*Wein. Med. Woch.*) recommends lithotomy for

severe cases of bladder catarrh, when there is much pain, great difficulty in passing water, and an accumulation of thick ropy mucus. The operation at once gives the organ rest, relieves the spasm and pain, and permits a free escape of the thick mucus. When timely performed decomposition is prevented or arrested; kidney complications and uræmia avoided.

Reinfection of Syphilis.—H. V. Hebra, (*Monat f. P. Dermat,*) records two cases of reinfection of syphilis. In one the man had a bad chancre in his twenty-third year, in 1867. From this date up till 1880 he had become the father of seven children. In August, 1881, he had a second well marked hard chancre.

The second case was first infected in the year 1854; and the second time in 1882. In both cases secondary symptoms followed each infection.

The Treatment of Eczema by the application of remedies to remove the cuticle and stimulate the deeper layers of the skin is not new, but has not been considered as suitable for very young children. Dr. Charles W. Dulles reports a case (*Medical News*) of an infant with eczema of the cheeks and chin, which he treated by applications of tincture of iodine with happy effect.—*The Weekly Medical Review.*

Ear Affections in Diphtheria.—Two cases are reported in the (*Berl. Klin. Woch.*) in which the membrane was punctured for suppurative inflammation in the middle ear. It gave immediate relief, and hearing remained good.

L. de Wecker on Jequirity in Old Granulations (*Klin. Monat Blat. für Augenheilk*).—Jequirity (Abrus precotorius) is one of the family of leguminoses, and grows in Africa, the southern parts of Asia, and the central parts of America. The infusion of the seeds has been used in Brazil for a long time as a people's remedy in eye diseases. 32 seeds are pulverized, and put in 500 grm. cold water for 24 hours. Then 500 grm. hot water added. This infusion is filtered when cold, and applied three times a day.

About an hour after the first washing severe irritation comes on, which usually last about three days, when a free discharge of matter ensues. This gradually subsides, and by about fifteen days the patient is free from all inflammation and granulations.

1. Jequirity is a sure remedy, speedily exciting purulent ophthalmia.

2. The advantage of this method is that we do not take matter from another eye, of which we may not know the real nature, and

3. By the more or less free use of the infusion we can regulate the inflammation, which we cannot in inoculation.

Removal of Spleen.—Billroth has recently removed a spleen, for the third time. In each case he says he made a mistake in diagnosis—in the first two, thinking they were cysts, and the third a fibroid.

Midwifery.

Dr. Goodell's year's work in Ovariotomy.—Dr. Goodell, of Philadelphia, gives an account (in the *News*) of his ovariotomies last year. He had twenty-five cases with six deaths. He had in addition two cases which he was unable to complete, with one death. Of the six fatal cases, one aged seventeen, died from acute peritonitis; one, aged sixteen, from septicæmia; one from shock or œdema of the lungs; one (in last stages of septicæmia before operation), from shock; one, aged sixty-five, from uræmia; one (from whom a pedunculated fibroid was also removed), from acute mania on eighth day.

The first two were favourable cases and results unexpected. From this experience the doctor will in future be disposed to wait until tumour has developed and so altered the character of the peritoneum by pressure as to lessen its vulnerability. He acknowledges his results are not so good as those

of British ovariotomists, but says they do not publish their incompleted operations, nor the cases on which they decline to operate. Dr. Goodell declined in no instance during the year. He thinks it safer to administer ether largely diluted with air, and that the recti muscles should not be included in the sutures which close the abdominal cavity.

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, MAY, 1883.

THE ONTARIO MEDICAL ASSOCIATION AND A PATHOLOGICAL MUSEUM.

At the last meeting of the Ontario Medical Association a committee was struck to consider the ways and means of establishing a Pathological Museum and Library, in connection with the Association. Next month the Association will be again convened in this city, and up to the present, so far as we are aware, no meeting of the committee, to which the consideration and determination of this momentous question was entrusted, has been held. It is apparent therefore that no further time should be lost before the initiative is taken. There can be no doubt as to the utility and desirability of the foundation of a museum under the auspices of the Society, and we think, also, none as to its feasibility. Many of the members throughout the country would be glad to forward the interesting specimens they are constantly meeting with for the sake of having them properly mounted, preserved, and catalogued—an enduring monument to their zeal in the cause of science, and a large storehouse of valuable information for all. As to the feasibility of the Library scheme we are less sanguine. If nothing further can be done in the month which remains before the meeting of the Association, the committee might at least devise some means of assisting the energetic secretary, Dr. White, in his endeavours to secure a worthy temporary exhibit of pathological specimens, which might indeed become the nucleus of the formation of that permament museum with the existence and interests of which they are more immediately charged. As we go to press we learn that a meeting of the committee has been convened. We trust its deliberations may result in some tangible suggestions.

TRAINING SCHOOL FOR NURSES, TORONTO GENERAL HOSPITAL.

This important Training School, which has been in operation for two years, held its first examination, April 13th, and granted diplomas to Mary Graham and Eleanor Potter, who had completed their two years' course, during which time they attended regularly their lectures, and performed faithfully the duties allotted to them. The examiners were Drs. Thorburn, Fulton, and Cassidy, of the Hospital staff, and subjects examined in were medical, surgical, and midwifery nursing, sanitary arrangements of sick room, including ventilation, etc. The examiners expressed themselves as well pleased with the answers of the candidates. Twenty-six nurses are now taking the regular course in the Training School, from which we may expect at least twelve trained nurses a year. The successful candidates receive certificates of qualification and a neat silver medal with name and date of graduation inscribed thereon.

Victoria School of Medicine, of Montreal, wiped out by the Papal decree, proposes to become affiliated with St. Joseph University of Ottawa.

ACTION FOR SLANDER AGAINST A PHYSICIAN.

An unusual action for slander against Dr. Robert McWilliam, of Drayton, was tried in Toronto in April. The plaintiff, Mr. Moore, of London, was engaged to a young lady in Berlin. Shortly before the marriage was to have taken place the defendant wrote to the lady asking an interview, and on meeting her stated that the plaintiff suffered from diseases which rendered him unfit to contract a marriage. In consequence the ceremony was indefinitely postponed as the lady refused to marry Mr. Moore on account of the information thus received from her physician. Mr. Moore alleged that this statement was false, and claimed $2,000 damages, but stated through his counsel that his object was simply to vindicate his character. After the evidence of the lady and her father had been taken, a compromise was effected whereby the defendant consented to a verdict of $20 damages with costs, and made ample apology for his admitted mistake.

THE TORONTO MEDICAL SOCIETY.

This Society has just completed the fifth year of its existence. Although we cannot claim for it any wonderful success, still we rejoice in the fact, that its condition is now more prosperous and flourishing than it has been at any period since its inception. It is a great misfortune for our city, that the majority of what may be considered our professional leaders have for many years persistently and religiously abstained from appearing at anything like meetings of medical societies: why, nobody knows. The absence of such, has perhaps had at times a depressing effect on those present at some of the smaller meetings, while they sat, sad-eyed and lonely, longing for the absent ones; but, notwithstanding such drawbacks, the Toronto Society has lived, and now enters upon its sixth year with the brightest prospects. While we have to regret the remarkable exclusiveness of a few, we take the greatest pleasure in referring to the substantial assistance given by our noble and venerable Nestor, Dr. Workman. His faithful and untiring efforts, his courtesy towards all, and his simple unpatronising kindness towards the young men have done much to insure success; and the members all feel that they owe him a debt of gratitude which can never be repaid, but which, they hope will always be fully appreciated as long as the Society has an existence.

TORONTO WOMAN'S MEDICAL COLLEGE.

From information which we have received we are authorised to say that a medical college for women will be established in Toronto with every prospect of success. The preliminary arrangements have not been completed, and we are not in a position to give the names of the faculty, but the liberal donation of ten thousand dollars is an assured fact, and it is expected that this will be supplemented by additional subscriptions which will ensure success for the undertaking without any possibility of doubt. The movement is exceedingly popular with the citizens of Toronto, and they will see to it that nothing like failure will result. It is fortunate that the originator and prime mover in the scheme is such a man as Dr. Barrett, whose name in connection with it at once commands the respect and confidence of all classes. In our next issue we will probably be able to give full particulars. The college will be formally opened on the 1st October of this year, when the lectures of the session will commence.

The Inaugural Lecture of the Summer Session of the Toronto School of Medicine was delivered in the school building, on the 26th of April, by Dr. George Wright. The prizemen of the preceding course were presented with their well-earned rewards. The prospects of the Summer Course of Lectures are of the brightest, not only in Toronto School but also in Trinity.

THE COUNCIL EXAMINATIONS.

The Examinations held by the Ontario Medical Council in April, were upon the whole, very satisfactory. The examining board was not much different from that of last year. It was improved by the appointment of Dr. Canniff, and weakened by the absence of Dr. Eccles. It is becoming more evident every year, that frequent changes of examiners add an element of uncertainty and instability which is in all respects unsatisfactory. A few years ago the examinations conducted by the Council were the most unpopular that were ever known in this country, while at the present time, they command the respect and confidence of the great majority. We hope the lesson to be learned is obvious. Let the changes of examiners in the future be *few and far between.*

Dr. Canniff desires to say for the information and guidance of the profession of Toronto, who wish to obtain admission of any one to the Hospital, that according to the by-law defining his duties, he has to examine all applicants. It is, therefore, unnecessary to give a certificate of disease except in cases of internal ailments such as uterine diseases. Also in cases of eye and ear affections. But it is necessary for the applicant to furnish a certificate of indigency and of having lived in Toronto, and if the physician likes to give this, it will save the applicant the trouble of seeking it elsewhere.

He is at his office, City Hall, every day from 10 to 12 and from 3 to 4, Saturdays from 10 to 12, where applications must be made. He cannot carry the order book away to his home; and begs to be spared the necessity of requesting persons who come to his house to call at the office. He has to spend no little time in visiting applicants who often live in the outskirts of the city.

The *Maryland Medical Journal* is about to appear as a weekly, in a slightly changed dress.

Newspaper Offences Again.—The *Daily British Whig* of Kingston, in its issue of April 16th, contains a full and particular account, in its editorial columns, of an operation after epithelioma of the lip, performed a few days previously by Dr. Dupuis of that city. The extent of the growth, the direction of the lines of incision and their extent, the number and situation of hair-lip pins and sutures employed are stated with particularity and precision. As there was nothing novel or unusual either in the case or the operation, it is doubtless only fair to acquit the surgeon of any complicity in the publication, since, higher motives for the moment apart, he could have no desire to appear ridiculous before the world; and we merely mention the fact in order to protest once more against the editorial bad taste displayed in publishing in disgusting detail such purely professional items, and to admonish the friends of surgeons who supply such notices to the press that by their injudicious zeal they jeopardize the reputation of their friend, and incur the risk of compromising his standing among his professional brethren.

Corrigenda.—In Dr. Canniff's article upon "A Case of Hip Joint Disease" the following corrections should be made: on page 104, line 19, for "lung" read "bony;" in line 20 for "not" read "met;" on page 105, line 18 from the bottom for "two" read "tow."

In Dr. Graham's "Cases in Practice," page 107, line 26 for "℥ii." read "℥ii.," and in the next line for "℥i." read "℥i."

Page 114. No credit was given to M. Brissaud in *Le Progrès Médical* for his article on Pulmonary Syphilis. We crave the author's indulgence and heartily make all the amends in our power.

Page 127, line 3 from the bottom of the pages for "commissioners" read "commissions." Page 128, line 5, from the top for "papers" read "pages;" line 12 for "eloquence" read "elegance."

RESULTS OF MEDICAL EXAMINATIONS.

VICTORIA UNIVERSITY.

List of the successful candidates arranged in the order of merit :—

PRIMARY.

1, A. R. Harvie; 2, T. W. Simpson; 3, H. S. Martin; 4, E. F. Hixon; 5, W. A. Goodall; 6, S. S. Wattam; 7, J. O. Orr; 8, J. A. Burgess; 9, J. E. Ellis; 10, J. H. C. Willoughby; 11, J. Verner; 12, S. M. Hay; 13, G. G. Hutton; 14, H. A. Wright; 15, J. S. Freebourne; 16, F. Beemer; 17, B. B. Pattullo; 18, A. T. Rice; 19, C. W. Hunt; 20, J. R. Phillips; 21, D. D. Ellis; 22, O. Grain; 23, J. W. Campbell; 24, Thomas Verner; 25, J. Barber; 26, Jos. Hord.

FINAL FOR M. D., C. M.

1, J. M. Jackson; 2, Richard Hearn; 3, A. D. Watson; 4, H. S. Clarke; 5, W. Cuthbertson; 6, E. M. Hewish; 7, J. S. Draper; 8, S. Stewart; 9, J. E. Case; 10, Wm. Jaques; 11, F. P. Drake; 12, A. L. Brown; 13, Augusta Stowe; 14, C. S. Grafton; 15, George Wyld; 16, J. Z. Wild; 17, C. E. Cochrane; 18, J. H. C. Willoughby; 19, Wm. Kennedy.

TRINITY UNIVERSITY.

PRIMARY.

Frank Krauss, J. Kennedy, C. W. S. Harrison, and C. A. McBride; J. H. Kilgour and W. H. Hamilton, A. C. Woodley, J. H. Caldwell.

FINAL FOR M.B.

The following have passed for the degree of M.B.:—Frank Krauss (gold medalist, having taken honours in all the subjects both primary and final), B. H. Scott, J. A. Lea, J. E. Jenner, E. M. Hoople, L. Backus, S. W. Lamoreaux, F. H. Sawers, H. R. Casgrain, T. D. Meikle, T. H. Robinson, R. Hislop, S. W. McConochie, C. E. B. Duncombe, D. F. Rae, A. Hawk, J. H. McCullough, E. B. O'Reilly, W. T. Freeman, T. C. Cowan, W. T. Dickson, R. M. Fairchild, G. J. Charlesworth, A. G. Elliott, J. A. Thompson, and J. B. Gullen.

ROYAL COLLEGE OF SURGEONS, KINGSTON.

FINAL.

J. F. Kidd, gold medalist; W. G. Anglin, silver medalist; J. Cryan, H. Freeland, T. Moore, and W. Young, with honours; C. C. Clancy, L. T. Davis, W. Hall, D. C. Hickey, G. McGhie, T. A. Page, R. Smith, and A. McMurchy. R. N. Fraser, and J. E. Sterling, recommended as House Surgeons to Hospital, and J. Herald and E. Forrester, as demonstrators of Anatomy.

McGILL UNIVERSITY.

PRIMARY.

J. H. B. Allan, R. A. Arthur, T. A. D. Baird, J. A. Barrett, F. N. Burrows, G. A. Cassidy, J. H. Darly, W. D. Daley, D. W. Eberts, W. A. Ferguson, F. G. Finley, W. Groves, E. O. Hallet, A. E. Hanna, Fred Harkin, W. T. Hurdman, J. A. Hutchinson, R. T. Irvine, C. H. Johnson, H. D. Johnson, J. H. Joliffe, W. H. Klock, T. H. Landor, D. P. Merritt, N. McCormack, W. McClure, M. C. McGannon, J. T. McKenzie, J. H. McLellan, D. S. McMillan, T. O'Brien; A. B. Osborne, James Park, F. H. Powell, A. M. Robertson, L. D. Ross, R. F. Ruttan, J. M. Scott, I. C. Sharp, J. L. Shibley, H. E. Trapnell, J. A. K. Wilson, E. G. Wood.

FINAL.

C. E. Allan, J. C. Bowser, C. E. Cameron, Geo. Carruthers, G. A. Dearden, J. J. Gardner, Jas. Gray, C. B. H. Harvey, H. J. Harrison, W. G. Henry, A. L. Hopkins, J. R. Johnson, J. S. Lathern, J. B. Loring, J. J. E. Maher, O. Martel, Arch. McLeod, B.A., A. McNeil, J. W. MacLean, A. McDonald, F. S. Mackey, S. S. C. Phippen, W. K. Ross, A. J. Rutledge, W. McE. Scott, W. H. Shaver, G. A. Sihler, Andrew Stewart, R. B. Struthers, E. S. Wood. Holmes, gold medalist, C. E. Cameron; "Final" Prizeman, J. B. Loring. Deserving honourable mention; in final examination, Messrs. Struthers, Lathern, Bowser, Gray, Carruthers, Gardner, Henry, Scott, and Johnson.

TORONTO SCHOOL OF MEDICINE.

SCHOLARSHIPS.

D. R. Johnston, 1st year scholarship; Leeming Carr, 2nd year scholarship; Richard Hearn, 3rd year scholarship; W. J. Robinson, 4th year scholarship.

HONOUR LIST.

First Year.—First-class honours, 1, D. R. Johnston; 2, W. J. Greig, B.A.; 3, George Peters; 4, J. E. Pickard; second-class honours, 5, A. W. Bigelow.

Second Year.—First-class honours, 1, Leeming Carr; 2, Horace Bascom; second-class honours, J. H. Howell.

Third Year.—First-class honours, 1, R. Hearn; 2, J. W. Clarke; second-class honours, 3, W. H. Carlton; 4, A. F. McKenzie; 5, James Johnston; 6, Wm. Jaques.

Fourth Year.—First-class honours, 1, W. J. Robinson; 2, J. M. Jackson.

TRINITY MEDICAL SCHOOL.

Stuart Scott, 1st year scholarship; J. R. Logan, 2nd year scholarship.

Final Examination.—J. E. Jenner, gold medalist; B. H. Scott, 1st silver medalist; E. M. Hoople, 2nd silver medalist. J. McConochie, T. H. Robinson, H. Backus, A. Hawke, certificates of honour.

COLLEGE OF PHYSICIANS AND SURGEONS, ONTARIO.

PRIMARY CANDIDATES PASSED.

Bell, W.D.M., Bingham, G.A., Burgess, J.A., Beemer, F., Beatty, Elizabeth, Brown, W.M., Carveth, G.H., Couch, J.A., Courtenay, J.D., Cane, F.W., Cherry, G.A., Cochrane, J.M., Clerke, H.S., Case, T.E., Chafee, C.W., Derby, W.J., Dewar, P.A., Draper, J.S., Duff, H.R., Elliott, J.E., Eberts, D.W., Eede, T.E., Emory, W.J.H., Fairchild, R M., Fergusson, John, Freiheller, G, Goodall, W.A., Gunne, W.J., Gordon, C.M., Hawley, H.H., Hixon, E.F., Harvie, A.R., Howell, J.H., Hunt, C.W., Herald, John, Hanks, A.R., Harkin, Fred., Hall, E.A., Harrison, W.S., Hislop, Robert, Hickey, D.C., Johnston, G.L., Jones, D.O.R., Johnston, F.H., Kinsely, A.B., Kuck, C.A., Knight, J.H., Krauss, F., Leitch, H.D., Lake, A.D., Lockhart, R.J. Logan, J.R., Murray, T. W., Martin, H.S., Minchin, D., McGillivray, Alice, McGannon, M.C., Ovens, Thos., Orr, J.O., Paul, J.J., Phillips, J.R., Patterson, J.W., Palmer, G.F., Robertson, W.N., Ruttan, R F., Rattray, J.C., Stewart, R.L., Stewart, S., Sutherland, J.G., Smith, Elizabeth, Stirling, J.E., Trow, Charles, Webster, H.E., Wilson, A.B., Watson, J.A., Wattam, G.S.

FINAL CANDIDATES PASSED.

Anglin, W. G., Bates, F. D., Belt, R.W., Bell, W. D. M., Bray, James, Collver, M. K., Casgrain, H.R., Clerke, H.S., Case, T. E., Carleton, W.H., Chafee, C.W., Cryan, John, Cuthbertson, W., Derby, W.J., Drake, F.P., Dickson, W.F., Emory, W.J.H., Freeman, W.F., Fairchild, R.M., Frost, R. S., Gullen, J.B., Gordon, C.M., Housler, J. E., Hearn, R., Hislop, R., Hickey, D.C., Jackson, J.M., Jaques, W., Kidd, J.F., Krauss, F., Lepper, W.J., Meikle, T.D., Meldrum, J.A., McConochie, S.W., McMurchy, A., O'Rielly, E.B., Rattray, J.C., Ross, W.A., Robinson, T.H., Robinson, W.J., Ray, J.W., Spilsbury, E.A., Stowe, Augusta, Sawers, F.H., Wilson, J.D., Whitely, J.B., Woods, E.R.

TEWKESBURY ALMS HOUSE.—Most startling evidence has been given at this investigation, disclosing a condition of affairs truly deplorable. Economy carried far beyond the verge of parsimony and an appalling indifference to human suffering.

THE Alumni Association of the University of Maryland propose instituting a Pathological Laboratory, to be called the Nathan R. Smith Pathological Laboratory. The *Maryland Medical Journal* says there is no question of the need of such an establishment, as "this important branch has hitherto been taught in Baltimore either not at all or in the most rudimentary manner."

McGILL MEDICAL FACULTY.

Important changes in the *personnel* of the McGill Medical Faculty have been recommended by the Faculty to the Governors. Dr. Wright, Professor of Materia Medica, and Dr. McCallum, Professor of Obstetrics, have resigned. Dr. Stewart, formerly of Brucefield, now on the Continent, has been appointed to the chair of materia medica. Dr. McCallum's subject has been divided, and Dr. Brown, of Montreal, appointed Professor of Obstetrics, and Dr. Gardner, Professor of Gynæcology. Jurisprudence will probably be given to Dr. George Wilkins, and Hygiene to Dr. R. L. MacDonnell. It is feared that the serious illness of Dr. Scott, Professor of Anatomy, will prevent him from active work in the future, and in that case his chair must be filled. Dr. Howard, jr., who promises to prove worthy of his distinguished father, will be curator of the museum.

No man in Western Ontario was probably more widely and favourably known than Dr. Stewart, of Brucefield, and we cannot but regret for the sake of this Province that our Eastern friends should have captured him. Since, however, this has occurred we cordially congratulate McGill upon such an important acquisition to its Faculty, and at the same time wish that our friend, Dr. Stewart, may attain the highest possible success in his new sphere. Drs. Gardner and Brown are both known to be thoroughly well informed in the departments for which they are chosen. Their appointments will be very popular among the friends of McGill.

Senate of Toronto University.—Four gentlemen are nominated for election this year, and no others will be eligible: Dr. J. H. Richardson, Messrs. J. Morrison Gibson, and James Bethune, Q.C. (retiring members), and Rev. Robert Cameron.

In Great Britain and Ireland there are 260 Homœopaths; in the United States, about 6,000.

BANQUET TO DR. OLIVER WENDELL HOLMES.

A grand complimentary banquet was given in honour of Dr. Holmes by the physicians of New York, on Thursday evening, April 12th, at which there were present about 300. Nearly all the most prominent physicians attended, as well as many from other cities, including Boston and Philadelphia. Dr. McFarlane, of Toronto, was the sole representative from Canada. It was a grand success in every respect.

The Anatomical Examination at the Council.—We are greatly pleased to learn of the success attending Dr. Fulton's efforts this year to carry out practical examinations in anatomy at the Council, inaugurated under the memorable *régime* of Dr. Sullivan, of Kingston. We heartily congratulate the editor of our contemporary upon the expressions of satisfaction which we have everywhere heard expressed with his mode of conducting the examination, and cannot but compare these favorable comments with the stormy denunciations which were prevalent a short time ago, when Michael Sullivan accomplished the very desirable change from theoretical to practical, and by his manly but ill requited stand in behalf of practical examinations, not only performed a present duty nobly, but taught the students of Ontario a lesson for all time, viz., that to learn and know anatomy they must consult the book of nature and not Gray or any other.

The Philadelphia Hospital for Skin Diseases, at 923 Locust street, now in its second year of successful operation, has recently added a complete system of baths, and contemplates paying great attention to balneology in dermatological therapeutics. Physicians and advanced students desirous of studying the subject in this aspect will be welcome at the clinics which are held daily by Dr. Jno. V. Shoemaker.

Medical Graduates.—The regular sessions of the Schools have closed, the dreaded examinations are concluded, and an unusual number of the fully-fledged appear on the arena. It is thought by many that the supply already exceeds the demand. If so, it becomes an interesting question to decide whether the public or profession will suffer more from the excess. If the variety and severity of physical ailments be diminished, it will be better for the public; if not thus, it will probably be otherwise.

You have a race to run with the general public, and if you do not take care it will get ahead of you, and undermine your curative skill altogether by leaving you nothing to cure. You may boast of your physiological learning; but where will it be if the people get it up for preventive purposes as heartily as you? You may boast of your pathology; but where will that be if the causes that beget it are removed wholesale? Think only of the book of pathology that will be closed to you when the use of only one disease-producing agent—*alcohol*—is, as it surely will be, thrown entirely out of use, and such like other evil agencies that are entirely under human control. You may boast of your materia medica, but how long will that be wanted when men are wise and call for it as reluctantly as the members of the faculty do themselves when out of health? You may boast of your diagnosis, your prognosis; but when pathology is wanting, and materia medica is a ghost, of what use are they?—Dr. B. W. Richardson *Philadelphia Medical Times.*

The Association of American Medical Editors.—The next annual meeting of this Association will be held in Cleveland on June 5th and 6th, at the time of the meeting of the American Medical Association in the same city.

A Sanitary Convention under the auspices of the State Board of Health was held in Reed City, Michigan, on the 26th and 27th ult., the Rev. J. W. Hallenbeck, A.M., presiding.

Doctors' Signs.—The latest thing is the erection of a capacious signboard in the centre of a vacant lot adjoining the doctor's residence. It answers well in cases where the number of gate-posts and walls is limited.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Regular meeting, March 8, 1883.

The President, Dr. George Wright, in the chair.

Dr. Cameron showed a young lad with general deformity of the osseous structures, especially marked in the extremities. There was a probable history of syphilis.

PATHOLOGICAL SPECIMENS.

The President presented the following:—(1), a stomach with cancerous deposit—scirrhus—at the cardiac orifice. It was from a man who had been intemperate for years. He complained of the dyspeptic symptoms first in August last. About three months ago dysphagia first became apparent. He came to the General Hospital about five weeks ago, and then nothing could be swallowed except, perhaps, a little fluid. Cachexia was well marked. Probang was easily passed till the cardia was reached, when there was obstruction. Pharynx and larynx appeared solidified *en masse*—all were hard. Movement of larynx gives a sensation of grating. All the other organs were healthy. (2), A fusiform aneurism of arch of aorta extending from origin to beyond commencement of left sub-clavian artery. The arteria innominata not dilated, though its walls were thinned; valves somewhat thickened; much fatty degeneration of tissues generally; kidneys each 2½ oz. heavier than normal; liver enormously enlarged. Ante-mortem clot occupied left ventricle, and extended through entire length of aneurism, and into the arteria innominata, carotids, and sub-clavian arteries.

The specimen was from a man aged 40, a hod-carrier. Had been intemperate.

Began to feel a difficulty in breathing four months ago. Had evidently been failing for some time. Had had hæmoptysis. Examination on admission to the Hospital revealed aneurismal bruit in the region of the arch of the aorta, but not definitely located, though the Dr. thought it to be in connection with the arteria innominata.

Treatment.—Rest, low diet, and iodide of potash, 45 grains per day increased to 60 grains. After a few days vomiting occurred and the iodide had to be omitted.

There was considerable improvement in the local symptoms, but he gradually sank with marked febrile disturbance.

Dr. Cameron remarked that the presence of ante-mortem clot extending from the ventricle up into the arch of the aorta and its branches, was worthy of note. The possibility of its development had been denied by some pathologists. Possibly to the presence of this clot the febrile symptoms, which were probably pyæmic, were due, since fibrino-plastin injected into the blood vessels of a healthy animal gives rise to pyæmia.

Dr. Davidson reported a case of probable superfœtation: the woman miscarried, one fœtus being four months and the other five or six weeks. The first was delivered breech presenting; the placenta was removed 20 minutes afterward. On examination a small bag was found which, with clots, was removed from the uterine cavity by the finger. The bag contained the second fœtus.

Dr. Cameron thought it a good specimen, but thought there was no doubt as to its being a case of arrested development of twins.

Dr. Davidson said in that case there would be more maceration of the blighted ovum.

Dr. Clark then proceeded to read a paper on "*Some Facts in Pathology*," treating chiefly of the nervous system. After lengthened criticism by Drs. Workman and Cameron.

Dr. Reeve said that a congested fundus oculi does not necessarily indicate cerebral hyperæmia. He very rarely sees a normal optic disc, hyperæmia being frequently present and caused by optical defects. Some years ago he examined the eyes of many of the inmates of the Toronto Asylum and obtained negative results. When there were coarse pathological changes in the brain and membranes, we would expect to find corresponding changes in the fundus.

Regular meeting, March 22, 1883.

The President in the chair.

PATHOLOGICAL SPECIMENS.

Dr. Graham showed the following: Carcinoma involving the ascending colon. He believed it to be scirrhus. There was no contraction of the bowel. The President said that he had seen an autopsy in a case some years ago in which there was an encephaloid in the same situation.

Part of the ileum and colon from a case of enteric fever with perforation. Adhesion had taken place between the ileum and colon before perforation had occurred. By some means the adhesion was partially broken, resulting in the extravasation of a small portion of the intestinal contents, causing general peritonitis.

A photograph of a case of lupus vulgaris, exfoliativus occurring in a young woman aged twenty-five.

Dr. Oldright reported a case of fracture of the skull, caused by a fall on the sharp iron of a coal cart. Compression was relieved by trephining. There was some loss of brain matter.

Dr. Cameron, for Dr. Machell, presented a case of Erythema Nodosum in a woman suffering from suppressio mensium for five months.

Dr. Workman then read a paper on the "*Localization of the Cerebral Functions*," being a translation of an article in *Lo Sperimentale*, by Prof. Bianchi.

Regular meeting, April 5, 1883.

The Vice-President, Dr. A. H. Wright, in the chair.

Dr. McPhedran reported the following case occurring in the House of Providence: Mrs. B., aged about fifty, became suddenly comatose on March 17th. Recovered consciousness two hours afterwards, but was paralyzed in the left leg and forearm and left side of tongue. Dr. Cameron, who saw her shortly afterwards, attributed the attack to hæmorrhage, causing injury of the cortical substance of the anterior part of the middle lobe of right hemisphere. The paralysis increased gradually till all the left side was affected and for three or four days before death, she was almost completely comatose. She died on April 3rd.

P. M. Twenty-four hours after death. Body well nourished; skin clear.

Brain.—Somewhat firm adhesions between arachnoid and dura mater, along the course of the superior longitudinal sinus, and a slight recent deposit of lymph beneath the arachnoid membrane on the upper surface of the anterior lobes. In the anterior part of the middle lobe of right side a clot about the size of a small hen's egg was found, due to rupture of the middle cerebral artery. It extended backwards from the fissure of Sylvius. Its inner margin implicated the outer part of the lateral ventricle, the descending horn of which was filled with a sero-sanguinolent fluid. The greater part of the clot was black and friable, but some of it was decolorized considerably and evidently of slow formation. The choroid plexuses of the descending horns of the lateral ventricles presented a gelatiniform appearance.

Chest.—Heart, the seat of considerable fatty deposit. The walls very friable, and flabby. Valves competent though considerably thickened and calcareous at one or two points.

Abdomen.—Transverse colon occupied a V shaped position. The great omentum was adherent to the anterior wall of the abdomen a short distance above the pubes.

Liver.—Contained many small patches of black pigmentation.

Spleen contained many similar pigmented patches, but more triangular in shape. Pigmentation in both organs probably due to hæmorrhagic infarcts.

Kidneys.—In left, several cysts, one of large size. Vessels entered it without dividing. In right kidney a very small cyst. This kidney had two ureters which entered the bladder separately.

Supra-renal capsules considerably enlarged; aorta very much calcified.

Dr. Graham was inclined to look upon the pigmentation in liver and spleen as due to bile staining, though he admitted there should have been some jaundice in that case.

Dr. Nevitt who showed the liver, spleen, and kidneys in the foregoing case, showed for Dr. Cameron the lungs, heart, colon, and uterus from a young girl, who died also in the House of Providence, from tuberculosis. The bronchial glands were considerably enlarged, abundant vegetations on the mitral valves, causing insufficiency. Some hæmorrhagic infarcts in the spleen. The colon was very small.

Dr. Workman showed the skull of a Huron Indian obtained from an ossuary in Simcoe County, by Mr. Hirschfelder, jr., of this city. It was in an excellent state of preservation. It showed four or five clefts, doubtless due to blows from a tomahawk, and their appearance indicated that the man must have lived some considerable time after the wounds were received. As the Huron tribe was exterminated in 1649, this skull must be at least 234 years old.

Dr. Duncan reported the following case: Patient æt. 25, farmer, unmarried, with a good family history, and no previous diseases of importance.

Three years ago began to feel weak, unable to work, and, gradually getting worse; came to the city to obtain advice two years

ago. The consultant, after a careful examination, pronounced him perfectly well.

Feeling gradually more unfit for work, came in again, when the following history was obtained.

Was a remarkably strong and healthy man previous to this complaint. But for 3 years back, has had peculiar attacks, coming on quite irregularly—also in that period has fainted twice. The attacks came on mostly in warm weather, generally after an extra day's work, once a week, once a month, or less often. In those attacks he felt feverish in the evening, rigors, would retire when he felt them coming, and always passed next morning a large amount of urine—very dark in color. In a few hours after, the urine was normal, and he felt well. Careful physical examination revealed no positive abnormality; heart seems weak in action. Diagnosis paroxysmal hæmatinuria. Patient has done well on digitalis treatment.

Dr. Graham saw a case of paroxysmal hæmaturinia some years ago. He thinks blood corpuscles were present in the urine. The attacks were irregular. He feared organic disease might follow.

Dr. Spencer then read a paper on *Injuries of the Chest.* He thought moderate efforts should be made to extract foreign bodies.

Dr. A. H. Wright was of the opinion that probing should be very limited as pyæmia is much more liable to occur after probing. This is the view of the German surgeons, especially Esmarch.

Dr. Davidson referred to two cases he had seen, one of bullet wound, and the other from a knife which penetrated three or four inches. Both recovered without bad symptoms.

Dr. Cameron said that all gunshot wounds not treated antiseptically suppurated owing to the presence of dead tissue in the track of the wound. If treated on aseptic principles the dead tissue is absorbed, and union results without suppuration.

Dr. Cassidy said he removed an enchondroma which was attached to three ribs in a man some years ago. The pleura was opened. The case did well. He asked if the operation was advisable.

It was pointed out that it might be so, and that even portions of ribs might be removed with propriety in certain cases.

Book Notices.

Index of National Board of Health Bulletin. Vol. III., 1881-2.

Fortieth Annual Report of the State Lunatic Asylum at Utica, for the year 1882.

The Opium Habit: Its successful treatment by the Avena Sativa. By E. H. M. Sell, A.M., M.D.

Report of Births, Marriages, and Deaths in the Province of Ontario, for year ending 31st *Dec.*, 1881.

Weekly Health Bulletins, published by the Provincial Board of Health of Ontario. P. H. Bryce, M.A., M.D., Sec.

Weekly Health Bulletins and Meteorological Reports for the Sate of Michigan, and Monthly Mortuary Statistics for the City of Lansing, Michigan. Henry B. Baker, M.D., Sec.

Trichinæ: Their Microscopy, Development, Death; and the Diagnosis and Treatment of Trichinosis. By W. C. W. Glazier, M.D. Illustrated with 17 wood cuts. Price 25 cents. The Illustrated Medical Journal Co., Detroit, Mich.

Pocket Therapeutics and Dose Book. By Morse Stewart, jr., B.A., M.D., third edition, revised and enlarged. Detroit, Mich.: George D. Stewart & Co.

This is a convenient little *vade mecum*, whose title sufficiently expresses its scope and utility. As to correctness, from a cursory survey, it seems to be satisfactory, and when the fact of a third edition has been mentioned, enough has been said.

Manual of Gynæcology. By D. Berry Hart, M.D., F.R.C.P.E., Lecturer on Midwif-

ery and Diseases of Women, School of Medicine, Edinburgh, etc.; and A. H. Barbour, M.A., B.Sc. M.B., Assistant to the Professor of Midwifery, University of Edinburgh, etc., vol. i. New York, William Wood & Co.; Toronto, Willing & Williamson.

This is the first of Wood's 83 Library, and will be found one of the best works produced by that enterprising firm. This volume includes the anatomy, physiology, and methods of examining the pelvic organs, and commences in Part ii. the treatment of some of their diseases. The first part is especially good, the description of modes of examining being very clear and concise. There is probably nothing better of the kind in any of our works on Gynæcology. The treatment of the various diseases is perhaps too brief, shows but little individuality or originality on the part of the authors, but gives within a small space a very impartial account of the views of modern Gynæcologists. The plates and figures, many of which are new, are interesting and instructive, though some are rather rough. The type is large and clear, and the fantastic cover is perhaps intended to be *pretty*, but is not suited to our taste. Upon the whole we feel certain the work will be highly appreciated by General Practitioners.

Rheumatism, Gout, and Some Allied Diseases. By Morris Longstreth, M.D., of Philadelphia. New York: Wm. Wood & Co. 1882.

This volume constitutes the October number of Wood's Library for 1882; and while it contains nothing strictly original, is, beyond doubt, the most complete, impartial, and best *resumé* of the subject in any language. Unfortunately it is only purchasable with the rest of the series, but in point of fact two or three such books are well worth the annual subscription to the library.

Legal Medicine. By Charles Meymott Tidy, M.B., F.C.S., M.S., Prof. of Chemistry and of Forensic Medicine and Public Health at the London Hospital. New York: Wm. Wood & Co. 1882.

Volumes I. and II. of this work constitute the November and December Numbers of Wood's Library for 1882. They take up the subjects of Evidence, The Signs of Death, Identity, The Causes of Death, The Post Mortem, Sex, Monstrosities, Hermaphrodism, Expectation of Life, Presumption of Death and Survivorship, Heat and Cold, Burns and Scalds, Lightning, Explosives and Combustibles and Starvation: its Treatment. Of the Author's special fitness for this labourious task the profession has already had ample evidence in the ponderous tome on Forensic Medicine and Toxicology published by him in conjunction with the late Bathurst Woodman. Of this present work, suffice it to say, that the first two volumes certainly fulfil all reasonable expectations, and whilst constituting a part of a most excellent book of reference, reflect the highest credit upon the author's untiring industry and great ability.

Scrofula and its Gland Diseases. An Introduction to the General Pathology of Scrofula, with an account of the Histology, Diagnosis, and Treatment of its Glandular Affections. By Frederick Treves, F.R.C.S., Eng. Philadelphia: H. C. Lea's Son & Co. 1883.

Readers of the *British Medical Journal* will be familiar with Mr. Treves' views on Scrofula and its Gland affections, and will not be surprised to learn that this little *brochure* of some eighty pages contains a full and fair discussion of the subject, and presents, as no other work in the language does, a succinct synopsis of continental labours in this field. Mr. Treves is, however, sufficient authority in himself in this particular; and when it is known that the information he has to impart is purchasable (in paper cover) for ten cents, it is surely a matter for wonder if any practitioner can afford to be without it.

EXPERIMENTAL PHARMACOLOGY: A Handbook of methods for studying the Physiological Action of Drugs. By L. Hermann, Prof. of Physiology, University of Zürich translated by Robert Meade Smith, M.D., Demonstrator of Physiology, University of Pennsylvania. Philadelphia: Henry C. Lea's Son & Co. Toronto: N. Ure & Co.

This little book will greatly assist students and physicians in their studies of the physiological actions of drugs. It is well illustrated, and explains various simple experiments on animals so clearly, that the amateur will be enabled by following instructions to perform his own experiments without further assistance.

Transactions of the Twenty-ninth Annual Meeting of the Medical Society of North Carolina, and conjoint Session of the North Carolina Board of Health, 1882.

Under the presidency of Dr. Thomas F. Wood this live society held its annual meeting in Concord, North Carolina, upon the 9th of May, 1882. After the usual routine and official business, in which most complete and interesting reports were read by the chairmen of the various sections, the conjoint session of the State Board of Health was held, Dr. Whitehead, of Salisbury, presiding—the secretary, Dr. Thos. F. Wood, presented his report, which dealt in an exhaustive manner with the work accomplished by the Board: relating its determined but unsuccessful struggle for existence. Its work has been carried on without the provision of any means by the State, except the printing of blank forms and the use of the tax listers in distributing, collecting, and returning these forms with the required information. Canvassers, for the purpose of securing the attention of the Legislators to the work of the Board of Health, who had been appointed in 1881, had worked, but unfortunately to little purpose, and the struggle has ceased for the time.

The address of the President of the Society gave an interesting review of the history of the Society. Amongst other duties is that of licensing physicians. A board of examiners is appointed by the Society, and it is necessary to pass their examination in order to become a member of the Society and in order to hold any public appointment. The fact that North Carolina possesses no medical school necessitates some such central examining board.

A Practical Treatise on Diseases of the Skin, for the use of Students and Practitioners. By James Nevins Hyde, A.M., M.D., Prof. of Skin and Venereal Diseases, Rush Medical College, Chicago. Philadelphia: Henry C. Lea's Son & Co. 1883, Toronto: N. Ure & Co. Price, $4.50.

Amongst American Manuals of Dermatology this work assumes an intermediate place between the little handbook of Bulkley (not that author's edition of Neumann) and the excellent treatise of Duhring, presenting much closer affinities with the completeness of the latter. The volume opens with an extended and excellent chapter on the anatomy and physiology of the skin, general symptomatology, etiology, diagnosis, prognosis, therapeutics and classification, a convenient modification of Hebra's being herein adopted. The various affections of the skin are then considered in order; and it may be briefly said that the author's descriptions are clear and concise; his prescriptions and directions perspicuous and judicious, displaying that happy eclecticism in the combination of the commendable characteristics of German, French, and British dermatology which has raised the American school to the highest rank in that department. The author claims no originality in his work, but merely aims at setting forth the present status of this ever-advancing branch of science. He fully acknowledges his indebtednesss to his predecessors and contemporaries; and it is only fair that others should freely admit the highly satisfactory accomplishment of the task which he set before him. Students and practitioners alike will find

the work a safe and pleasant and efficient guide through what many inexplicably consider the devious paths of this field of dermatology.

A Text Book of Pathological Anatomy and Pathogenesis. By Ernst Ziegler, Prof. of Pathological Anatomy, in the University of Tübingen. Translated and edited for English students by Donald MacAlister, M.A., M.B., of the University of Cambridge. Part I. General Pathological Anatomy. London: MacMillan & Co., 1883. Toronto: Willing & Williamson. Price, $3.50.

This translation of Dr. MacAlister's was begun from the first edition of Ziegler's great work; but a second edition having been called for and published in Germany with unexpected rapidity, such changes have been made in the translation as to make it really a reflex of this second edition, improved moreover by the incorporation of such English contributions to the subject as the German author had overlooked. Ziegler's work whilst written for students in an intentionally dogmatic strain has met with great success as a text-book in its native land; and, indeed, its clear reflection of the personal characteristics of so eminent a writer is probably the secret of its high appreciation. This first volume is divided into an introduction and seven sections. Section I. treats of Malformations; section II. of Anomalies in the distribution of the Blood and of the Lymph (within the vessels and without); section III. of Retrogressive Disturbances of the Nutrition; section IV. of Progressive or Formative Disturbances of Nutrition; section V. of Inflammation and Inflammatory Growths; section VI. of Tumours, and section VII. of Parasites. To English readers this last section will be most novel and complete. Dr. MacAlister has not only done the work of translation well; but by the additions he has made has greatly enhanced the value of the work. When it is stated that in the work of preparation he has had the assistance of friendly criticism and suggestion from such men as Klein Greenfield, Cossar Ewart, Payne, Vines and the late lamented F. M. Balfour, it must be apparent that the volume needs no commendation at our hands.

Personal.

Dr. Teskey has gone to Paris. He is expected to return in October.

Dr. Winstanley, of Toronto, sailed for England on the 26th April.

Dr. Galabin has succeeded Dr. Braxton Hicks as Obstetric Physician at Guy's.

Dr. McCollum contemplates a trip to the centres of learning on the other side of the water.

Dr. W. R. Sutherland has been appointed one of the Assistant Demonstrators of Anatomy in McGill.

Hugh H. Graham, of Toronto, has passed the Primary Examination of the Royal College of Surgeons of England.

Dr. J. A. Grant, jr., has returned from England, and will practice with his father in Ottawa. We wish him all success.

Dr. McLean, of Ann Arbor, brought his libel suit against the Detroit *News* to a successful issue, and a verdict of $20,000.

Miss Edith Shove, M.B., London, has been appointed medical superintendent of the female staff at the General Post Office, by the Postmaster General, Mr. Fawcett.

Prof. Von Bruns, of the Department of Clinical Surgery in the University of Tübingen, well known for his contributions to Laryngology and the use of the laryngoscope, is dead, aged seventy-one.

Dr. Orton, of Fergus (report says,) is likely to be appointed Minister of Agriculture. Such an appointment would be popular with the profession of Ontario, and there are many reasons why a physician would be specially fitted for the position.

Dr. Wm. G. Eggleston, late of Hampden Sidney College, Va., has moved to Philadelphia to become Assistant Editor of the

Medical News and the *American Journal of the Medical Sciences*. Dr. Eggleston was a valued contributor to the *Virginia Medical Monthly*.

A Scientific Centenarian.—An unprecedented remark in the history of science was made the other day by M. Chevreul. Said this learned centenarian, the inauguration of whose fiftieth course of annual lectures, with the vigour and freshness of perennial youth, we announced some years ago, "Moreover, gentleman, the observation is not a new one to me. I had the honour to mention it here, at the meeting of the *Académie des Sciences* on the 10th May, 1812."

We learn from the Montreal *Med. and Surg. Journal* that Dr. Wright has resigned his positions as Surgeon to the Montreal General Hospital and Lecturer on Materia Medica, McGill College. Being possessed of unusual literary culture and great ability his decision will be a source of regret to his numerous friends. Rumour says that Dr. Wright's position on the regular staff will be given to Dr. Shepherd, who is now on the out-door staff, and that Dr. Shepherd's position will be given to Dr. R. L. MacDonnell. Both are recognized in Ontario as ranking among the ablest men in Montreal, and we have no doubt that this appointment would add much to the efficiency of the hospital.

OBITUARY.

Guiseppe Rosso, Prof. of Surgery in the University of Genoa, is dead.

Prof. Carl Von Hecker, the celebrated obstetrician and gynæcologist of Munich, is dead, at the age of fifty-five.

M. L. BERTILLON.

M. L. Bertillon, founder and chief of the Bureau of Vital Statistics of Paris, died at the age of 62 years.

PROF. LASÈGUE.

Dr. Lasègue, Clinical Professor at the Hôpital de la Pitié, and principal editor of the "Archives Générales de Médecine," recently died at the age of 67.

Charles Sedillot, the eminent Parisian surgeon, aged sixty-nine, and Prof. Von Sigmund, the well-known Viennese syphilographer, aged seventy-three, have recently paid the debt of nature.

J. K. BARNES, M.D.

Dr. Barnes, late Surgeon-General U. S. Army, died in Washington, April 5th. He inaugurated the Medical History of the War, and founded the Medical Museum. He attended two Presidents in their last illness.

M. JULES CLOQUET.

M. Jules Cloquet, Dean of the Academy of Medicine, died at the advanced age of 93 years. He published a number of works chiefly upon Anatomical and Surgical subjects. He invented the *enterotome* and *rachitome*, so much used at autopsies, and he foreshadowed in 1821, by his graduated aspirator siphon, the improved aspirator of modern surgery.

W. H. VAN BUREN, M.D., LL.D.

Dr. Van Buren was known for many years as one of the most able and scientific surgeons of America. He graduated in 1840, and commenced active practice in New York in 1845. He was for a time Professor of Anatomy in the University of New York, and afterwards became a lecturer at Bellevue in the surgery of the genito-urinary organs and syphilis. His contributions to surgical literature were many—the principal ones being on "Diseases of the Rectum," "Genito-urinary Surgery," and "Inflammation," (Ashurst's Encyclopædia.) He died in New York, March 25th, at the age of 64.

JOHN VERNER, MEDICAL STUDENT.

Among the most deserving and promising students of the Toronto School of Medicine during the last two sessions was Mr. John

Verner. He had worked with unusual perseverance during the winter, and went up for his primary examination at Victoria. During the examinations he was taken ill with typhoid fever, complicated with pre-existing heart disease. He was confined to bed on Monday, April 2nd, and died on the following Thursday, at the age of 18. The students of the two Medical Schools, together with many teachers and friends of the deceased, and his afflicted family, attended the funeral on Saturday, the 7th.

Miscellaneous.

M. C. H. Stearns, F.R.M.S., has adapted a small swan lamp of two or three candle power for use with the microscope, to which it is permanently attached. It offers many advantages over the ordinary oil lamp, and the light is controlled by a small resistance coil, and two or three Grove or Bessemer cells are sufficient to work it.—*Gaillard's Med. Jnl.*

"In one case, convulsions of an epileptiform character, were so violent, that alcohol was applied the whole length of the spinal column and *fired* by a match. The relief was immediate. Spasms ceased and sleep ensued," is a Southern treatment of "intermittent hysteria, complicated with organic uterine affection."

Dr. Robert Newman in the *Southern Clinic* recommends in gonorrhœa the Goodyear P.P.P. syringe. This is a soft rubber bulb syringe with a stiffened conical nozzle, fitted with a screw cap to prevent leakage. Its capacity is five drachms. It can be filled in the morning and carried in the pocket to business and used during the day, the contents being sufficient for several injections.

The death rate in *Billroth's Clinic* was 9.5 per cent. in 1881, and in 1882 it sank to 6.3 per cent. Iodoform gets credit for the improvement.

IODOFORM PENCILS.

Iodoform	℈ ij.
Gum Tragacanth	grs. ij.
Glycerine	gtt. ij.
Distilled water	gtt. iij.

Make a pill mass to be rolled into pencils as thick as a small penholder.

The pencil should be recently prepared. Introduced into a fistulous tract it is generally found dissolved between one dressing and another.—*Journal de Pharmacie d'Alsace Lorraine* (*Lyon Méd.*)

This is the season of the year when the thrifty, honest, conscientious, busy practitioner, who places his spare dollars where they will do the most good, encloses the amount of his "subscription in advance" to his medical journal. He thus lays up treasure which neither rusts nor is corrupted, and which yields him the largest precentage of interest of any investment he can make. Moreover, by such remittance he makes glad the heart of the publisher, and infuses new life and zeal into the editorial quill. As an act which is "twice blest," "drops as the gentle dew upon the place beneath," etc., the prompt remittance of the subscription, accompanied by a word of good cheer, double discounts that "quality of mercy" which, Shakespeare says, "is not strained." Try it, friends.—*Med Age.*

Permanganate of Potash Pills.—Since the recommendation of this salt in amenorrhœa by Ringer & Murrell, many have doubtless tried to compound these pills and found them to explode or burn. Mr. Snell, L.R.C.P., Edin., advises that the permanganate be reduced to powder, mixed with a drop or two of water and rubbed up with starch powder or compound tragacanth powder; it may then be made into a mass with extract of gentian, and if a coating is desired, compound tincture of benzoin answers well. Dr. MacPherson, of Glasgow, uses liquorice powder and a little oil. B. S. Proctor (*Pharm. Jour and Trans.*) recommends china clay and water. Martindale, of Cavendish street, also uses kaolin and coats with sandarach.

An Historical Case of Hydrophobia.—The Duke of Richmond, August 23rd, 1819, dined with a detachment of officers at Perth, in Canada. On the 25th, the first symptoms of that cruel disorder presented themselves, which three days afterwards terminated in death. Early on that morning, his valet found his Grace alarmed at the appearance of some trees near a window where he slept, which he insisted were people looking in; shortly afterwards, a basin of water was presented to him; he exhibited evident abhorrence at sight of it, and on several other occasions that day, and the 26th, the same symptoms were obvious whenever any liquid was presented, which his Grace partook of with extreme reluctance. At dinner he requested Col. Cockburn to take wine with him; his Grace had no sooner lifted the liquid to his lips, than he replaced the glass on the table, observing—"Now is not this excessively ridiculous?—well, I'll take it when I don't think of it." The same evening, an assistant surgeon was sent for, who bled him. His Excellency apparently found so much relief from the operation, that he arose early next morning and proposed walking through Richmond wood. He had, in his progress through the wood, started off at hearing a dog bark, and was with difficulty overtaken; on the party's arrival at the skirts of the wood, at sight of some stagnant water, his Grace hastily leaped over a fence, and rushed into an adjoining barn. The paroxysm of his disorder was now at its height. It was almost a miracle he did not die in the barn. He was with difficulty removed to a miserable hovel in the neighbourhood, and early in the morning of the 28th, expired.

His Grace's sufferings were extreme. He directed Col. Cockburn not to attend to his orders any longer,—"For you see," said this great man, "the state I am reduced to." During a paroxysm of pain, he exclaimed, "For shame, Richmond—shame, Charles Lennox, bear your sufferings like a man."

Official despatch from C. Cambridge, Esq. to Lord Bathurst.

A Good Hint Lost.—In the Boston *Medical Intelligencer* of the 13th April, 1824, is recorded the following case:—

"Effects of ether by inhalation.

"On the 18th ultimo I was called to visit U. A. H., a servant girl, residing in my neighbourhood, whom I found in a state of almost profound stupor from inhalation of ether. The heart and lungs were greatly oppressed; to appearance the energies of the mind and body were nearly extinct. After I had succeeded in partially overcoming this state (which was not until the evening of the 21st), she complained of great pain in the head, which was relieved by free cupping. On the 23rd she began to show signs of returning animation, and is now quite well. "E. P. Atlee."

Tea and Coffee from Guano.—The *Quinologist* of March contains a learned article on this subject, of much scientific interest. Horace Greeley once replied to an agricultural correspondent inquiring about fertilizers, who asked, "How does guano do with potatoes?" "It is purely a matter of taste, but I prefer butter with mine." We shall continue to draw our caffeine and theine from the foreign flora, and leave the products of the fauna to more experienced aud enthusiastic scientists.—*Louisville Med. News.*

To Disguise the Odour of Iodoform.—Mr. Chas Arthur, chief dispenser to the Royal Infirmary, Edinburgh, gives the following formula:—*R* Iodoform, ʒ ij; Ol. Eucalypti, *M* $\overline{xv}$; Ol. Verben, Ol. Mirban, Ol. Lavand, Ol. Limon, $\overline{aa}$ *M* $\overline{v}$ M. This does not interfere in any way with the use of Iodoform as a powder.—*Braithwaite's Retrospect.*

The indications for the use of digitalis in heart troubles are empty arteries, full veins (Fothergill). The bulk of urine is the index of arterial fullness, and tells whether digitalis is acting (Traube). Digitalis fills the arteries and empties the veins (Rosenstein).—*N. Y. Med. Record.*

THE

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TORONTO, JUNE, 1883.

Original Communications.

CASES IN PRACTICE.—LUPUS.

J. E. GRAHAM, M.D.

The following are a few cases of Lupus, which have come under my observation in ten years' practice. They are given partly because they represent different forms of the disease, and partly on account of their illustrating some interesting points in Pathology. The first was one of Lupus Hypertrophicus, extending over the greater part of the gluteal region, and forward over the groins. The history of the case is as follows :—

H. McK., æt. 28, sailor. Admitted to the Toronto General Hospital, October 15th, 1874. Up to the onset of the present disease he was strong and healthy. It commenced with a small pimple over the region of the coccyx. This was lanced, and healed up in two or three days. About three months afterwards another pimple appeared on the same place, which healed up as before. The same appearance and disappearance occurred about every three months for the next four years. During that time he was occupied as a sailor, his general health being good. At the end of the four years, however, the sore commenced to extend, and in a year it became about the size of a ten-cent piece. Caustic was then applied twice a week. The diseased surface was afterwards excised, and the base cauterized with argent. nit. It continued, however, to extend, so that at the end of the sixth year the patch was $1\frac{1}{2}$ inches long, and half an inch broad. It was excised the third time without any good effect. At the end of the seventh year it was five inches long and two broad.

For the last three years he has not had any treatment. No history of tuberculosis or syphilis.

Present Condition.—The disease now almost encircles the body, extending from the sacral and coccygeal regions around to the pubes. The surface is raised and smooth, being made up of badly organized cicatricial tissue. The nodules peculiar to lupus, exist near the edge of the diseased surface. The patient remained in the Hospital some months. He was treated internally by large doses of potass iodid. and cod liver oil. The external applications used were of a mild astringent, and alterative character. No caustics were used. He left the Hospital very much improved. This was a very typical case of the Hypertrophic character. The nodules, as well as the central cicatricial tissue, were much elevated. It presented almost the appearance of a keloid.

Case II.—Jane McG. suffered from the most inveterate form of Lupus Vulgaris. It attacked first the side of the nose, and spread gradually over the cheeks. It then attacked the lips and chin, and passed upwards to the eyelids and forehead. She was twelve years of age at the commencement of the disease. In four years afterwards she was admitted into the Toronto

General Hospital, December 15th, 1873. At that time the greater part of the face was involved. She has been under observation since 1875—now nine years. The treatment pursued has been varied in character, potass. iodid. hydrarg. perchl., tonics, cauterization with nitrate of silver, etc.

During the last year the Thermo-cautery has been applied once every two weeks, and an ointment composed of iodoform, ol. eucalypti and glycerine used. This plan of treatment produced by far the best result. There is now very little ulcerated surface remaining—the greater part of the face being covered by a cicatrix.

There was a family history of syphilis. The mother, a strong, healthy woman, had several miscarriages, and six of her children died in infancy, from what appeared to be syphilitic disease. The ulceration in Jane's case, however, was not syphilitic in character, being in fact a very typical form of Lupus Vulgaris. The mother procured in U. S. a divorce from the husband on the ground that he was syphilitic, and married again. It is singular that the first child, after the second marriage, presented a most obstinate form of eczema.

Case III.—*Lupus Erythematosus.* M. C., æt. 36, married, and the mother of five children—all healthy. She came under my notice about five years ago. The disease began four years before I saw her. It commenced near the nose and spread over both cheeks, disfiguring the face very much. It presented the peculiar butterfly appearance. The redness was always increased during the menstrual period. The ulceration and subsequent cicatrization was of a very superficial character. It strongly resembled that form of disease named by Hebra, Seborrhœa Congestiva. She did not remain long enough under treatment to show any satisfactory sign of improvement.

I saw this patient again in the early part of this year. The disease has advanced very much. Nearly the entire scalp is now devoid of hair, and covered by the cicatricial tissue. Nearly the whole of one ear is also occupied by the disease.

Case IV.—*Lupus Erythematosus.*—J. McD., æt. 21, farmer, unmarried. Patient was sent to me for consultation by Dr. McWilliam, of Dundalk, and Dr. Cotton, of Mount Forest. There was no family history of tuberculosis or syphilitic disease. The patient has always been quite healthy, with the exception of the condition of the face. The lupus began some years ago on the right cheek. It resulted from a wound, and gradually spread over the right cheek and across the bridge of the nose to the left cheek. The ulceration is very superficial, as is also the resulting cicatrix. The history of the case is one of constant progress, notwithstanding the use of various remedies. I recommended the use of ethyl nitrate as a mild caustic, with iodoform, ol. eucalypti and glycerine as a constant application.

The patient was seen by me once after the commencement of this treatment. There was some improvement.

Saw Dr. McWilliam in the early part of September, who informed me that the patient had shown very marked improvement.

Case V.—Miss M., æt. 25. Came to me for consultation, March 16th. Patient has always been healthy, with the exception of present disease. About eighteen years ago when she was seven years of age, an abscess formed in the right groin, from which pus was discharged. From the abscess a peculiar inflammatory condition of the skin commenced, which gradually spread until three years ago, when it reached its present dimensions.

About ten years ago a small pimple appeared in the right eyebrow. From this point the disease spread upwards over the forehead, and downwards over the right cheek. From the latter situation it extended gradually across the nose to the other side of the face, and backwards to the right ear. About five years ago the same diseased

condition appeared on the right breast, and gradually spread until the patch became as large as an English penny, when it ceased extending.

Present Condition.—Patient is a bright, intelligent girl, and gives a good account of the disease. The right thigh, from the hip to the knee is, to a great extent, covered by an eruption which, at first appearance, somewhat resembles psoriasis. The skin is thick, of a bluish colour, and covered by small fine scales. Immediately above the knee the eruption exists in patches of nodules, which are covered with scales. A little higher towards the hip the nodules have run together, producing an irregular elevated surface. When the scales are rubbed off an indurated surface remains, which does not show any great tendency to bleed. Immediately below the patella there is a mass of epidermic cells, one-third of an inch thick, very similar to accumulations which occur in psoriasis. The disease has existed about the knee for seven years. In the middle third of the thigh the disease has existed ten years. Here there is not so much induration. The nodules and raised patches are not so congested. Here and there among the patches are small portions of cicatricial tissue, where the disease has once existed, and from which it has disappeared. In the upper third of the thigh, on the outer side, is a large patch of thin cicatricial tissue, where the disease once existed. The integument has a peculiar parchment appearance, remarkably thin and pliable, very much wrinkled in places, which gives it the appearance of senile atrophy of the skin.

On the right gluteal region the same condition exists as above the knee, viz.: elevated nodules and patches covered by scales. The disease has also spread over the left gluteal region and a short distance down the left thigh. As previously stated, there has been no extension for the last three years. Patient's mother states that on three different occasions, during the last eighteen years, patient has been seized with chills, followed by fever, and then swelling of the right thigh. A discharge of fluid would take place, which was at first thin and watery, but would rapidly become purulent. The discharge at these times was very profuse, and of an offensive odour, so much so that her mother was obliged to use charcoal poultices. These attacks lasted about three weeks, during which time the patient had to be in bed. When they were over, the skin was left in the same condition as before their beginning.

Condition of Face.—The integument of the right cheek back to the ear is involved; also that around the right eye and over the right side of forehead. The nose, and about half of the left cheek, are also affected. The tip and part of right side of nose is covered by a scab, which occasionally comes off, leaving a bleeding surface. This is the only situation throughout the whole disease where there is any tendency to ulceration.

The upper eyelid of right eye is drawn up and the lower one downwards by cicatricial tissue. She is unable to shut the eye. The part of the face involved has a dark, reddish colour, dry and partly covered by scales. On looking closely one can see between the red patches white lines of cicatricial tissue.

On the left cheek, near the diseased border, there exist in the healthy skin three congested points, about the size of pinheads or a little larger. They are not elevated, and very slightly indurated. They are an example of the way in which the disease commences.

On the right breast there is a small diseased patch. Here the nodules are mostly discrete elevated bluish red papules, covered with scales.

Family History.—Patient has three brothers and one sister. They are quite healthy. There is no history of hereditary disease in the family. Patient was a healthy child. When seven years of age had whooping cough and measles. When her

health was lowered the abscess appeared, which was the precursor of the present disease.

There are one or two interesting points in the Pathology of Lupus, which I shall now refer to :—

1. *The relationship which Lupus Vulgaris bears to Lupus Erythematosus.*—According to the English authorities, the latter is but a mild variety of the former, whereas the German Pathologists look upon them as entirely distinct diseases. They consider Lupus Vulgaris as a neoplasm, and Lupus Erythematosus as the result of simple inflammatory action. If Lupus Vulgaris is really a neoplasm, there is no doubt but that this distinction would hold good. If, however, we look upon Lupus Vulgaris as an inflammation, in the same way as the growth of tubercle is an inflammatory process, then I do not see how any dividing line could be drawn between the two conditions. They would in that case be considered as the same diseased process, but differing in severity, and the depth to which the process extends. It is a well-known fact that clinically the two conditions approach one another so nearly that it is impossible to say to which class a particular case belongs.

2. *The relation of Lupus to Syphilis.*—This question is of special importance in Jane McG. In the family history there is abundant evidence of syphilis, yet the disease presented is not a syphilide, but a pure case of Lupus Vulgaris. This is proved by the course the disease has taken and by the utter uselessness of all anti-syphilitic remedies.

There is no doubt that generally speaking both clinically and pathologically, the dividing line between syphilis and lupus is distinct, but to what extent the former may be the cause of the latter has not yet been determined.

A Municipal Laboratory of Hygiene has been established at Lisbon.

MITRAL REGURGITATION.

BY J. FERGUSON, B.A., M.B., L.R.C.P.,
Assistant Demonstrator of Anatomy, Toronto School of Medicine.

To Prof. A. Flint, I think, is due the credit of showing how a presystolic mitral murmur may occur, while the valves are sufficient to retain water after death; and that this murmur is dependent upon aortic regurgitation. At the same time, he admits that he cannot offer any clear explanation for a systolic murmur, the mitral valves remaining sufficient for the water test. He suggests, however, that this murmur may be due to the fact, that, though the water does not force the valves, the contraction of the heart might cause a sufficient backward flow to produce a murmur, as only a slight amount of regurgitation is needed for this.

Sometime ago, I offered some remarks on heart disease, when it was stated that regurgitation may take place as the result of swelling in and around the valves. I have now to show that regurgitation may take place, while the mitral valves are healthy, in two other ways.

There are hearts with unusually long *columnæ carneæ*. These structures are muscular; and, when the heart is in action, they contract. They thus act on the valves through the chordæ tendineæ. Now, if too much of the distance between the surface of the heart and the valves be made up by the columnæ, then the valves are not only not prevented from being everted towards the auricle, but actually prevented from closing the opening. The reason for this statement lies in the fact that if these fleshy columns are long, the chordæ will be short; and the columns contracting to a greater amount than when of normal elevation, the valves are drawn back, and an opening left for regurgitation to take place through. This heart, however, shows no signs of valvular deficiency under the water test, as this applies to the dead heart, when the columnæ are inactive, a condition in

which the valves are permitted to close the opening thoroughly. Now, in what class of hearts would we expect to find this derangement? I answer, in those that have been for some time in a state of aortic obstruction. In aortic obstruction the left ventricle has to make greater efforts to propel the blood onwards. But while doing this, it increases in muscular power by an increase in muscular substance. As the heart makes stronger efforts to send the blood onwards, there is a correspondingly greater effort at regurgitation, or a forcing of the mitral valves into the auricle. To counteract this the columnæ carneæ enlarge in size; and finally reach such power, that, by their action, the valves are not only not prevented turning in to the auricle, but really prevented from perfectly closing the mitral opening.

In the other form of regurgitation the valves are also quite normal; and would answer well to the water test, and not allow a single drop to flow back towards the auricle. In this class, it is not aortic obstruction, but aortic regurgitation that is the matter. When the ventricle contracts, the blood is driven on; when it dilates, let us see what takes place. The blood flows into the ventricle from both the auricle and the aorta; and in this way the ventricle is full before it is time for the auricle to contract. When the auricle does contract, it has only the effect of still more distending the ventricle, without at the same time emptying itself. At this juncture the ventricle is too full, the auricle is contracted on the remainder of its blood, and there is a column of blood lying in the auriculo-ventricular opening. Now the ventricle contracts, and the auricle begins to dilate; but, from what has been said above, the valves cannot completely close until there is a greater or less amount of regurgitation. As soon as this has taken place, the mitral valves close the opening thoroughly, the semi-lunar valves are forced, and the blood makes its way into the aorta.

In the case of aortic regurgitation, when there is a mitral one as well, and yet no disease of the valves, the murmur is purely mechanical. When there is aortic obstruction, the mitral murmur is not produced in this mechanical way; but by the hypertrophy of the muscular structure of the parts concerned. Prof. Drosche, after paying much attention to heart murmurs, expressed himself thus: "I have seen so many cases of abnormal mitral sounds during life, where no defect could be found after death, that I must confess my belief is strong in a kind of functional regurgitant murmur, rather that it must always depend upon valvular defect." I have met with one example of very long columnæ corneæ; and if these contracted during life to the same proportionate extent as those of normal length, then the valves must have been drawn back to an amount that would admit of a rather free backward flow of blood. In the uncontracted state of these columns, the valves closed completely, and did not permit the escape of a single drop of water.

ERYSIPELAS TREATED BY BARWELL'S METHOD.

I. H. CAMERON, M.B.

Shortly after Mr. Barwell's report of five cases of erysipelas treated by the application of white paint, the plan was put in practice by the writer, in half a dozen cases, with the following result:—

Case I.—Female of middle age. Erysipelas, affecting right leg, in the neighbourhood of knee. Recovery, twenty-four hours after the application of the paint.

Case II.—Male, between 20 and 30. Erysipelas of leg. Recovery, in three or four days after operation.

Case III.—Female, aged 18. Erysipelas of face and scalp; ran its usual course, unaffected by treatment. Recovery, in ten days, with considerable loss of hair. Relapse in a week or ten days, confined to face. (The relapse was controlled in three

or four days, by application of fluid extract of ergot, and fluid extract of hamamelis).

Case IV.—Female, aged 65. Erysipelas of face and scalp. Pursued its usual course unaffected. Disappeared from head in about ten days. Much constitutional depression. The inflammatory blush then appeared on thigh, buttock, and back; was unaffected by application of the paint; dry sloughs speedily formed and patient died.

Case V.—Female, aged 22. Erysipelas of face and scalp. Ran its usual course, unaffected by the treatment. Recovered in about ten days; patient being left completely bald. On removing the paint, the comedones on the upper lip, around the nose and on the chin, were so apparent that patient looked as though she had a close-cut beard.

Case VI.—Female, aged 60. Two days after application of paint to cheeks and brow, the parts so covered were greatly better; but the disease was spreading peripherally. Applications were continued and extended, and in a couple of days recovery was established.

All of these cases took internally, concurrently with the external applications, twenty minim doses of tr. ferri. mur., and one drachm doses of sulphurous acid every two hours, except two of the milder ones, who took the iron only.

FOREIGN BODY IN THE RECTUM.

H. T. MACHELL, M.D., M.R.C.S.

On the 28th of April, I was asked to go as quickly as possible to see G. L., who was supposed to have sat down on a "sliver." Taking my pocket case, a little carbolic acid, and some adhesive plaster, I hurried off to his house. Enquiring of the patient, who was lying on the bed, dressed, the situation of the sliver, he placed his hand over the umbilical region, and said,—"Here it is." I felt a hard mass a little above and to the left of the umbilicus. It was slightly movable and very suggestive of malignant disease. Questioning the patient, he told me that the stick ran up the bowel forty-eight hours before, that there was no pain for at least twenty-four hours, but that he had not got any sleep the second night, and for fear of having to endure the pain and loss of sleep, he mentioned the matter to his wife, who sent at once for assistance. Introducing my finger into the bowel, I found a piece of wood extending up into the rectum, and evidently terminating in the mass in the umbilical region. The lower end was packed well back into the hollow of the sacrum, so much so that it required considerable force to pull it as far forward as the anus. As my dressing forceps were not designed to remove "slivers" of such proportions, I was at a loss how to proceed for a moment or two. By hooking the index finger behind the lower end of the stick, and pulling it well forward, I was able to bring it as far forward as the anus; at the same time with my left hand over the upper end I made pressure downwards and backwards, when suddenly it slipped out. It was only after repeated efforts that it was accomplished. A couple of pairs of forceps or pincers, borrowed from the neighbours, were of no use. The patient looked very sheepish as it came away, and merely smiled when asked why he placed it there. It measured ten and a half inches in length, and the circumference from three to three and a half inches; the upper end was partially rounded off, the larger or lower end cut squarely across. It had been whittled down to the above size, but it was not very smooth. Next day he was as well as usual. Why he put it there the family were unable to tell me, for he was very reticent about it. The man is certainly not a lunatic, nor has he had any rectal or abdominal trouble. He is 75 years of age, and in comparatively good health. He sometimes gets on a spree like a great many pensioners, but had not been drinking for some weeks previously.

Such cases occur occasionally in insane asylums, but I have no recollection of seeing one of a similar nature reported as occurring among private patients.

Selections: Medicine.

VENESECTION.

Dr. Broadbent's paper, on this subject, recently published in the *Lancet*, is likely to set men thinking as to whether we have not acted very foolishly in utterly abandoning a powerful therapeutic measure, based as it is on such good physiological grounds.

There is now beginning to set in a gradual reaction. It has been shown, notably by Sir James Paget, that venesection is attended with very little risk either of immediate or remote injury, while on the other hand it is in suitable cases a remedy of striking power.

General bleeding is not a remedy for inflammation as such, nor for pyrexia, whether the result of a local inflammation, or of one of the specific fevers. By venesection we seek to modify the distribution of the blood and the pressure within the arterial or venous system.

Aneurism.—When an aneurism is giving rise to severe pain, or is threatening life by pressure upon a nerve or some important organ, Dr. Broadbent has repeatedly seen immediate and striking relief afforded. Last year a patient under his care in St. Mary's Hospital, suffering from a large aneurism of the arch of the aorta, was suddenly seized with violent dyspnœa. The face became purple and swollen, and death seemed imminent, VS. ad. ℥ viii. The patient was soon in a comfortable sleep. Such treatment is, of course, merely palliative.

In Mitral Stenosis bleeding is most frequently demanded. With a narrow mitral orifice there is chronic distension of the right ventricle. Here digitalis is not to be trusted. Dr. Broadbent has not often bled in this affection. He thinks it probable that the hypertrophy of the right ventricle which is established during the gradual increase of pressure in the pulmonary vessels, makes the over-distension less dangerous. In deciding then whether to bleed or not in mitral stenosis, account must be taken, not only of the degree of distension and embarrassment of the right ventricle, but of the way in which it has been brought about. When it is the result of cold, or exertion or emotional excitement in a patient previously manifesting little evidence of heart disease, then bleeding may be of the greatest service.

But, in most cases bleeding from the arm is unnecessary. Amongst the working classes, rest, warmth, and food constitute a difference in their favour. Here. Dr. Broadbent has often found that six or eight leeches applied over the liver, enlarged and painful through venous obstruction, are of very great use.

Over distention of the right side of the heart. It is claimed to be of still greater benefit in this condition whether from disease of the heart or obstruction to the pulmonary circulation by disease of the lungs, especially pneumonia or bronchitis.

Pneumonia.—The clinical history of pneumonia, uninfluenced by any but hygienic treatment, having been carefully followed and ascertained, it became possible to estimate the effects of bleeding, and it may be stated confidently that in some cases it is most useful, preventing suffering and saving life, whilst in others it is injurious. Bleeding combats, not pneumonia but a particular complication—over distention of the right side of the heart. In some cases rapid consolidation of a certain portion of the lung with congestion of a still larger part, gives rise to a degree of obstruction in the pulmonary circulation which embarrasses the right ventricle; this no doubt being enfeebled by the high temperature of the blood, induces dilatation, and eventually almost paralysis. The patient is usually livid instead of flushed, gasps for breath, and is unable to lie down; the alæ nasi are working; the cough, if any be present, is a mere short hack, raising no expectoration; there may be a cold sweat upon the face. The heart is beating violently, and a striking contrast is present-

ed between the force of its impulse and the small and weak beat of the pulse, explained by the inadequate amount of blood which finds its way to the left ventricle, in consequence of the obstruction in the lungs and the enfeebled state of the right ventricle. The systole can have little effect upon the pulse, if there is only a scanty amount of blood in the ventricle to be driven into the arteries. The right auricle can generally be made out much beyond the right border of the sternum. Here bleeding is beneficial, as the blood flows the pulse improves, becomes fuller and stronger; the breathing less frequent and shallow; the oppression is relieved; and not uncommonly the patient finding that he can take a deep breath, and cough without pain, expresses himself as feeling quite well. The pneumonia progresses favourably, and recovery is usually the result.

Bronchitis.—In over distention of the heart in this disease Dr. Broadbent has seen venesection afford relief, though he has never practised it himself. The distention in chronic bronchitis and emphysema is always more or less present, and even in capillary bronchitis is usually of such long duration that a single bleeding could not be looked upon as final. Emetics here act well by, at the same time, unloading the air passages, and powerfully compressing the heart, forcing the blood out of the right ventricle, and so far relieving the over distention as to enable it to complete its systole, which is the end to be obtained.

(Condensed from the *Lancet*, Jan. 6, 1883.)

Internal Use of Glycerine.—Glycerine for internal use should be perfectly pure, absolutely neutral, completely colourless, and inodorous, sweetish, without leaving an after taste. In phthisis, M. Jaccoud states that the daily dose should not be as large as the dose of oil, on account of the alcoholic effects which may be induced, and may proceed as far as inebriety. He gives from 40 to 60 grammes a day, reserving the maximum dose for those cases which present no sign of neuro-cardiac excitability. Agitation, unusual loquacity, and persistent insomnia are the phenomena that reveal an excess of the usual dose. The increase of temperature is another criterion of the size of the dose. In all who habitually use glycerine in the above mentioned doses there is an increase of temperature of from one to two tenths of a degree (*C.*) But when without further pyretogenic incident there is a persistent elevation of 5/10° (*C*) or more, the dose is too large—it must be reduced. M. Jaccoud has never met with this contra-indication in adults with a dose of 40 grammes per diem, but with a dose of 50 grammes it sometimes appears, and with 60 grammes, almost invariably. He gives pure glycerine with a drop of essence of peppermint in a little rum or cognac, which is agreeable to the taste, easily digested, and even after months of uninterrupted usage, does not pall upon the taste, nor occasion disgust. It is to be taken two or three times daily, at meals, or in the intervals. Debout proposed glycerine and chloroform for the vomiting and insomnia of phthisis, (2 grammes of chloroform to 30 grammes of glycerine.) In fat diabetics, with habitual constipation and bronchitis, a few teaspoonfuls of glycerine in tea or coffee have been found useful. In atonic dyspepsia, to diminish flatulence, acidity, and pyrosis, and in retarding the lactic fermentation, and to excite the intestinal secretion by association with pepsine, it has been found serviceable by various writers. Also, in dysentery as an enema (30 grammes glycerine to 150 grammes linseed tea) and in a potion containing glycerine 45 grammes, orange flower water, water, of each sufficient to make 150 grammes. Also, in the dose of 6 to 10 grammes morning and evening to reduce the hæmorrhoidal flux, and in typhoid fever good effects have been observed from the use of six grammes a day.—*Gaz. des Hôp.*

Powders for Catarrhal Conditions.—Dr. Goodwillie of New York recommends powders to be used by insufflation in catarrhal affections, and gives the following recipes for those he has found most useful:

No. 1.

℞ Benzoini..... ℥ i
Morph. muriat .....grs. 6
Bismuthi subnitrat ..... ℥ ½
Potassii nitrat ..... ℥ ½
Mix.

Valuable for its sedative action. To be used in hyperæmic conditions with pain. In the beginning of an attack of rhinitis, coat the mucous surface with it.

No. 2.

℞ Aluminis ..... ℥ i
Acaciæ ..... ℥ 4
Bismuthi subnitrat ..... ℥ 4
Potassii nitrat..... ℥ 4
Mix.

Useful where a strong astringent is indicated.

In case of hæmorrhage from the nose, remove all the clot and immediately blow in this powder abundantly until the bleeding ceases.

No. 3.

℞ Iodoform ..... ℥ i
Camphoræ ..... ℥ i
Bismuthi subnitrat ..... ℥ ½
Potassii nitrat..... ℥ ½

A good antiseptic.

To be used where the discharges are fœtid, or where ulceration is present, or an excessive amount of granulations.

The camphor masks the odour of iodoform.

These powders, when impalpable and with the therapeutic integrity of the drugs preserved, can be more effectually applied to the nasal passages than spray, and their good effect is certainly more prolonged.

For the general practitioner they are vastly more convenient than sprays.—*St. Louis Druggist.—Drug. Circ.*

The Influence of Sulphurous Acid in Arresting Phthisis. — Herr Kircher, a pupil of Liebig, has been, during forty-four years, director of an ultramarine factory, in which a special process of manufacture is employed which involves the formation of sulphurous acid by the burning of sulphur. He maintains (according to *Gesundheit*) that none of his work-people have ever suffered from consumption, typhus, cholera, or any disorder, which is produced by bacteria. He recommends the following treatment in the case of tuberculous patients. They should be brought into a room in which small quantities of sulphur (one or two drachms) are burnt every hour over a spirit-lamp or on a stove. At first coughing of a more or less aggravated character takes place, and after eight or twelve days the bacteria gradually disappear and cease to irritate the lung-tissue. To complete the cure, the patients should be brought into rooms which contain some aromatic vapors. —*The Lancet.—N. Y. Med. Rec.*

Calx Sulphurata.—Dr. H. G. Piffard *(Jour. of Cutaneous and Venereal Diseases)* says that calx sulphurata (commonly misnamed sulphide of calcium) is a mixture of the sulphide and sulphate of calcium, but contains not less than 36 per cent. of the former substance. He adds:—"My own experiences, extending over a series of years, lead me to the inference that the drug is an aplastic or resolvent of great energy; that its tendency, when given in sufficient doses, is to break down and dissolve, rather than build up and restore. This theory of its action is in perfect harmony with the observed effects of its administration; and if it be the correct explanation, it will lead us into a multitude of useful applications of the drug. In other words, it appears to me probable that calx sulphurata will be found capable of fulfilling the part that was assigned to mercury thirty and forty years ago, that of a general resolvent in inflammatory exudations, chronic infiltrations, and possibly also in some forms of neoplasm.—*London Med. Rec.*

Tinctura Ferri Citro-Chloridi.—This is an unofficinal compound, to prepare which take of—

Citric acid	℥ xviij.
Bicarbonate of sodium	℥ xiv.
Solution of chloride of iron	℥ xij.
Water	℥ ij.
Alcohol sufficient to make	℥ vi.

Heat the water to the boiling-point and, having dissolved in it the citric acid, add the bicarbonate of sodium in successive portions, stirring after each addition until effervescence ceases; then add the solution of iron, stirring well, and afterwards, sufficient alcohol to make the mixture measure six fluid ounces; lastly filter the solution to remove any foreign matter that may be present, and keep it in well stopped bottles. * * * The advantages of this preparation are its miscibility, without discoloration or formation of precipitates, with preparations of barks, all tonics, and Fowler's solution; it has an agreeable taste, that of iron being almost obliterated, and it has no injurious effect on the teeth.

Its medical properties are identical with those of tinctura ferri chloridi. The dose is from ten to thirty drops.—*Thesis N. Y. Coll. Phar.—Pharm. Record.*

A Contraindication for Pilocarpine in Bright's Disease.—Prof. Sousa Martins, (*Medicina Contemp.*) of Lisbon, holds that this drug should never be administered in Bright's Disease without having previously tested the capacity of the skin to respond to its action. He first determines the functional activity of the sudoriparous glands by giving a vapour both. If they respond the Pilocarpine will do good; if they do not it may occasion harm by producing effusion in the internal serous cavities—the arachnoid for instance—and he has known death to ensue.

H. R. Slack, jr., in the *Druggists' Circular*, says that the very unpleasant odour of iodoform may be almost perfectly concealed in ointments, by rubbing the iodoform up with twice its weight of balsam of fir, before adding the vaseline or other unctuous ingredient.

TREATMENT OF SYPHILIS.

Dr. J. E. Gunatz, of Vienna, has lately used bichromate of potash as a substitute for mercury in the treatment of syphilis. The best preparation of the salt is a solution in water saturated with carbonic acid, in the proportion of 0.3 to 600. In 71 cases of chancre the sore was not cauterized, and the bichromate solution alone was given internally. In 47 of these cases the patients escaped secondary symptoms. Dr. J. Marion Sims (also writing to the *British Medical Journal*) highly lauds the *Stillingia Sylvatica* or Queen's Delight, which he says was a famous remedy for Syphilis amongst the Creek Nation of Indians when he practised in Alabama forty years ago. He publishes the history and formula of the "Indian Remedy," now and long successfully used on certain Southern plantations by his brother-in-law, Dr. B. Rush Jones, of Montgomery, and numerous other reputable physicians. The formula used goes by the name of McDade's Anti-syphilitic fluid Extract, though Dr. McDade also uses it largely in Scrofula, and suggests that it might be employed with advantage in certain forms of cancer. The formula is:—"Fluid Extract of *Smilax Sarsaparilla*, fluid extract of *Stillingia Sylvatica* (Queen's Delight), fluid extract of *Lappa Minor* (Burdock), fluid extract of *Phytolacca Decandra*, (Poke Root), āā ℥ij, tincture of *Xanthoxylum Carolinianum* (Prickly Ash) ℥j. Take a teaspoonful in water three times a day before meals, and gradually increase to tablespoonful doses. The fluid extracts should be made from roots recently gathered. Dr. Jones says that he has repudiated Mercury and Iodide of Potassium entirely since using McDade's formula.

Notes on Three Drugs.—Briefly I shall mention three materiæ medicæ, and their uses.

1. *Powder of Capsicum*, two drachms to the ounce of prepared lard, rendered elegant by the addition of one of the essential oils,

is a seldom failing local application in subacute and chronic forms of rheumatism. It must be rubbed over the affected part for ten miuutes by a gloved hand, and the application of dry heat intensifies the rubefacient action, which continues for a considerable time afterwards, being even somewhat revived by heat or walking. It is to be used freely night and morning, or at bedtime only (in lumbago, for example, the first thorough application often gives marked relief), according to the effect produced on the sensibility of the patient, and on his disease.

2. A year and a half ago I published a note in a contemporary journal in reference to the antiseptic treatment of what are called the zymotic diseases (I trust we shall soon be naming them the protistozooic diseases), mentioning the administration of carbolic acid in scarlatina; but I have since then, with more advantage, used the *Benzoate of Ammonia* as my germatox (a word meaning germ-poisoner better expresses the idea of the various degrees of antiseptic action than a term meaning germ-slayer). In doses of fifteen grains every three or four hours to an adult, and proportionately for children, it is an efficient treatment in scarlatina anginosa, and milder forms, combined or not with liquor ammoniæ acetatis. I have been informed, by a friend, of its uncombined exhibition in an apparently hopeless case of scarlatina maligna, where recovery followed.

3. *Syrup of the Protochloride of Iron*, in drachm doses thrice daily, diluted with water, recommended, I believe, by Professor Fraser, of Edinburgh, I have seen to be of great benefit, particularly in the anæmia of young females. It appears to me to take rank with, if not, all things considered, over the famous Blaud's pill.

These items may be as new to the mass of practitioners as a very great many *soi-disant* new things are, and I shall be glad to see the experience of others recorded in regard to them.—*Brit. Med. Jour.*

The Coronary Arteries and the Semilunar Valves.—In a recent number of the *Johns Hopkins University Circulars* we find an abstract of a report of certain observations on the mean pressure and the characters of the pulse wave in the coronary arteries of the heart, by Dr. H. Newell Martin, and Dr. W. T. Sedgwick. The object of the authors was, by a critical experiment, to endeavour to settle the long-disputed point whether the aortic semilunar valves close the mouths of the coronary arteries during the systole of the left ventricle of the heart. If the valves act in this way, the pulse wave in the coronary arteries of the heart must differ essentially, both in form and in the period of its maximum intensity, from the corresponding wave in the carotid artery. Simultaneous tracings taken in a branch of the left coronary artery and in a carotid artery agree in every respect. Hence the Thebesius-Brücke doctrine as to the closure of the orifices of the coronary arteries during ventricular systole and as to the resulting "Selbststeuerung" of the heart must be abandoned.—*N. Y. Med. Jour.*

Chordee.—Dr. Cambillard states in a recent article in the *Bull. de Therap.* that he has had great success with the following mixture: Water 150 parts (by weight), glycerine 10, potassium bromide 6, laudanum 2. This is to be injected four times a day, the last injection on going to bed, and retained about two minutes each time. It almost immediately allays the erection and produces no pain further than a slight burning sensation.

For the relief of the laryngeal and bronchial irritation attending all the stages of an ordinary attack of bronchitis, Prof. A. C. Post highly recommends (*New England Medical Monthly*) the following:—℞ Ol. amygdal dulc, ʒss.; mucil. acaciæ, ʒijss.; syrup tolu, ʒi.; chloroform, ʒi.; morphiæ sulph., gr. j. M. Dose, a teaspoonful once in four hours.—*Med. Revview.*

Auscultation of the Trachea and Mouth.—Dr. D. Drummond (*Brit. Med. Jour.*, Oct. 11, 1882) finds auscultation of the trachea by means of a stethoscope. with the chest-piece inserted into the mouth of the patient, useful in the diagnosis of tracheal compression, particularly when produced by aortic aneurism, in which case a systolic whiff is heard with each expiration. Auscultatory percussion practised on this plan gives valuable indications in pulmonary disease. Thus in incipient phthisis a peculiar note is obtained, closely resembling "cracked-pot" resonance; in pleurisy a very short, high-pitched note is produced, very different from the lower-pitched, more prolonged, and much louder tone heard if pneumonic consolidation exists.—*New York Med. Jour.*

The Verbascum Thapsus or Mullein Plant in Phthisis.—Dr. F. J. B. Quinlan, of Dublin, has lately been redirecting attention to the sedative and nutritive value of decoctions of the Mullein plant in the cough and emaciation of Phthisis. The virtues of this plant are well known to the Irish peasantry and were fully recorded by John Gerarde in his famous *Herbal* published in 1598. In advanced cases Dr. Quinlan recommends that the milk decoction of the leaves be peptonized by the addition of Benger's Pancreatic fluid and a pinch of Sodium bicarbonate.

Micrococci of Cerebro Spinal Fever.—Prof. Leyden, in the *Wien. Méd. Woch.*, gives an account of this disease, which he had the opportunity of seeing. He found a small organism in great abundance in the meningeal exudation. The fluid and membranes were stained with fuchsin. The micrococci were generally single; but sometimes two were joined together, and in a few cases long chains of these organisms were formed. They were distinctly oval, and larger than the coccus found in pneumonia by Klebs and Eberth. Prof. Leyden's case was uncomplicated by any other specific fever, which might give rise to the germs.

Hysteria in Children.—Greffier (*Archives Gen. de Med.*) gives a long list of cases, in which severe forms of hysteria, with sensory and motor derangement, took place in young girls. In his own and examples recorded by Richer, Guiraud, Paris, and others, there was evident mental disturbance. In five cases, aged 9, 9½, 10, 11, and 12 years, menstruation had not occurred; and yet the hysteria was of a very complicated character. He does not think from his experience that this disease depends upon the appearance of menstruation or the advent of puberty.

The Cold Douche in Delirium Tremens.—At a recent meeting of the Medical Society of London, Dr. Broadbent (*Brit. Med. Jour.*) narrated a case of *D.T's* in which all sedatives having failed to produce sleep, a cold douche tc head, neck and chest, applied by a sponge, was speedily successful. Its use was equally gratifying in a case of hyperpyrexia, insomnia and restlessness in a puerperal case without local symptoms.

Surgery.

CLUB-FOOT—A FEW SIMPLE REASONS FOR ITS EARLY RELIEF.

BY DE FOREST WILLARD, M.D.,

Lecturer on Orthopædic Surgery of University of Pennsylvania, Surgeon to Presbyterian Hospital.

Dr. Willard discussed the subject of congenital talipes from the standpoint only of the necessity for early treatment, and the great harm which would result from neglect. Moderate degrees of deformity became severe ones while the physician was wasting precious time in waiting for the child "to be old enough for operation." Corrective measures should be adopted from the day of birth, and the foot should never be allowed to remain in the deformed position. Manipulation and hand pressure were capable of curing the majority of moderate cases of club-foot, but as the hand could not be constantly employed, all possible adjuvants should be brought to bear. The

foot should be forced into as nearly the normal position as the child's endurance will permit, a dozen or more times each day by the mother, firm traction being exercised upon all contracted tissues, whether muscular, fascial, or ligamentous. This force combined with massage and electricity, would develop the awakened muscles and elongate the contracted ones, while the opposite results would occur if the weight of the clothing were suffered to lie upon the unsupported foot: especially if the child be allowed to rest upon its feet would most serious deformity of the bones occur.

To assist the manipulations described, it was necessary that the foot be prevented from assuming its abnormal position. Various methods of securing this end were demonstrated, all simple, inexpensive, and easily attainable. Sole-leather, cut roughly to the shape of the foot and leg, fitted while wet, and then dried in position, would answer well, and was capable of easy removal for frictions, shampooing, and stretching. Felt, binder's board, or tin, would answer the same purpose. Plaster of Paris also was of great use, especially when through ignorance or inattention the proper manipulations would be neglected. At first the limb should be fixed in a position as nearly straight as it is believed the parts will sustain the pressure. When dry, the plaster case could be sawed open, and then removed three or four times a day for stretching. New casts could be applied as rapidly as rectification of the foot advances. Silicate of soda, or starch, or any stiffening material, will answer, but are not equal to gypsum, as the foot must be held in proper position during the "setting" of the material, and nothing equals plaster in rapidity, especially if table-salt is added to the water.

To secure elastic traction, which next to the hand-pressure is most efficacious, it will be found best in infants to surround the leg just below the knee with a band two or three inches in width of "printer's blanket," "two-ply," as it is known in the rubber trade—simply gum with cloth facing; this cut to the proper length and with eyelets inserted, is laced in position, and a similar band is applied to the sole of the foot. Between the two is stretched a gum band, the size being graduated according to the strength of the child—sizes: 0¼, 00½, 000¾, 0000¾, 5-inch, and 7-inch. Such as are used in holding large bundles of papers will be sufficient. The advantage of this substance consists in the fact that it does not absorb urine or fæces, that it can be easily washed, and that at the temperature of the body it is sufficiently adhesive to remain in position without slipping. Should the dressing show an inclination to turn upon the foot or leg, a strip of rubber "soling," "thin" or "medium" grade, can be used in its place, the roughness of which would effectually prevent any such tendency. "Gutta-percha sheet," one-eighth inch in thickness, also answers nicely, if dipped into hot water, and moulded to the parts. Any of these articles can be obtained by writing to either the Goodyear or National Rubber Co.'s stores in any city, and the cost would be trifling.

The great advantage of this form of dressing is found in the fact that it is capable of being frequently removed for stretching and friction, that it is light, and can be worn inside a shoe, by simply cutting a slit for the strip. Sole leather would answer for the encircling bands, but it is more absorbent, and hence not as cleanly for infants.

Another very important element in the use of this form of apparatus consists in the fact that without renewing it, the mother can, whenever holding the child in her lap, constantly exert her curative power by forcing the foot into its proper position. The pressure of the encircling leg band retards circulation less than would be the case in immovable apparatus.

Barwell's dressing, by means of which points for the attachment of a rubber band are secured, is a good principle, but can be

better carried out by the plan just mentioned. Since the regular Barwell cannot be daily removed, and as it is very liable to be soiled in young infants, it is only applicable to older children. At the point of origin of a muscle, a strip of tin containing a loop of wire is fixed in position by adhesive strips and bandages; at the point of insertion another eyelet is made fast in a similar way. The rubber strap extending between these points should be as the circumstances require, an infant needing no more than a gum band used for papers, No. 0000¾ or 5-inch; others will call for elastic webbing or tubing into the ends of which hooks are inserted.

Neill's treatment could be also used, but is objectionable for more than temporary use, since ready removal for hand traction was a most important element in any dressing.

Elastic tension has the advantage of acting constantly, whether the child be asleep or awake, and in the course of a few months, by the proper combination of manipulation with the means already alluded to, it will be found that such great advance has been made in the treatment that tenotomy, at first perhaps considered inevitable, will now be dispensed with. Even in the severe cases, where section of the tendon is necessary, this preliminary treatment will prove to have been of great benefit, and the operation will be far less likely to be followed by relapse.

Where patients can afford a shoe, the same principle can be carried out by the simple plan adopted by the author, of riveting an arm to the ordinary stirrup used in steel uprights for club-foot shoes, at the end of which arm is an eye through which plays a catgut cord attached to an elastic webbing, running up to be fastened to a button at the top of the upright. The attachment to the foot is made in the shoe opposite the heads of the metatarsals. An inexpensive joint is formed opposite the metatarsal articulation, which permits motion in every direction as readily as a ball-and-socket joint, by simply paring down the sole for a half inch in front of the stirrup, to the thickness of a sheet of paper. If the child is not walking, and there is consequently no trouble from the admission of dirt, the toe portion of the shoe can be made separately from the heel, being joined to it in the sole only, and there by means of a strip of soft "upper leather." Such a shoe costs but little, and fulfills most simply and perfectly the indications required, *i.e.*, the rectification of the deformity at the calcaneo-cuboid and astragalo-scaphoid articulations, and the stretching of the contracted calf-muscles and plantar fascia. Should the case be too greatly deformed to yield to these measures, tenotomy can be subsequently performed, or other operative measures instituted, but the present discussion is purposely limited to early simple means of correction.—*Medical and Surgical Reporter.*

Anæsthetic Mixtures for Small Operations.—It is often desirable to apply locally some anæsthetic material to deaden the sensibility sufficiently for small operations. There are various expedients proposed for this purpose. We do not now refer to the use of ether spray, but to various liquids which may be applied directly, and the sense of pain so far obtunded as to permit incisions without experiencing any other sensation than the mere touch. The mixture of chloral and camphor is often useful. When equal parts of chloral and camphor are triturated together, a clear, somewhat viscid, transparent solution results. This solution has considerable solvent power, and will take up a comparatively large proportion of morphia. Chloroform may also be added to it without precipitation of any portion of the dissolved constituents. Thus: R. Chloral, Camphor., āā ʒij; Morphiæ sulph., ʒss; Chloroformi, ʒj.—M. This may be applied with a camel's-hair brush over the area to be incised, allowed to dry, and

reapplied as freely as may be necessary to render the part insensible to pain.

Amongst the anæsthetic mixtures for surgical purposes proposed by Prof. Redier, are solutions of camphor in ether and in chloroform. According to Redier, one drachm of camphor may be dissolved in two drachms of ether, or the same quantity of camphor in two drachms of chloroform. A useful anæsthetic mixture is prepared by the addition of crystallized acetic acid to chloroform, in the proportion of one part of the acid to twenty parts of chloroform. These anæsthetic solutions are applied by the brush freely over the part the seat of pain, or to be incised. In some instances it may be better to moisten a cloth or some cotton and allow it to remain for some time in contact with the part.

Pure carbolic acid has an anæsthetic effect when applied to the skin. This fact, originally stated by Dr. Bill, of the army, in a paper which appeared in the *American Journal of the Medical Sciences* some years ago, has been utilized to some extent since, to lessen the pain of incisions in the skin in small operative procedures.—*Medical News.*

Sub-Periosteal Amputation at the Hip Joint.—At a meeting of the Clinical Society of London, in February, Mr. Shuter showed a case in which he had successfully performed this operation in the following manner, (something similar to the plan suggested by Prof. Ollier, of Lyons, in 1859, and also to the method published more lately by Mr. Furneaux Jordan):—A circular amputation through the junction of the middle and upper thirds was done, followed by a longitudinal incision on the outer side of the femur, down to the bone, the periosteum stripped off and left in the flaps, and the whole of the bone enucleated. A little more than two months after the operation the patient, (aged 18) had a movable stump, and within six months of the operation was wearing an artifical limb, on which he could get about very satisfactorily. This case was the first of the kind attended with the formation of bone in the stump and capacity to wear an artificial limb. Mr. Bryant said the stump was certainly the best he had ever seen after amputation at the hip-joint; he thought, however, there was no reproduction of bone, the good result being due to firm attachment of the muscles to the periosteum. Mr. Croft said the case shewed the possibility of complete subperiosteal excision of the hip which had been denied by some. He asked how Mr. Shuter had succeeded in cleaning the periosteum from the great trochanter. Mr. Pick said this was the only instance in which he had known a patient after this operation able to wear an artificial limb. He evidently moved it by swinging the pelvis. Mr. Davey referring to the use of his lever in controlling hæmorrhage in hip-joint amputations said he had records of its use forty times (20 on each side) and in the case of amputations the recoveries had been sixty-five per cent.

In reply Mr. Shuter said that since his own operation he had assisted at one like it; the case died after three months and the newly-formed bone was found in the stump. In his case he had not bared the great trochanter of periosteum.

Submucous Injections of Chloroform in Toothache.—M. Guillott, in *Le Prog. Méd.* has for six years met with good results in acute odontalgia, from the injection into the gingival sub-mucous tissue of chloroform, after the method proposed by Dop, of Toulouse. He fills a Pravaz syringe half-full of chloroform, inserts the needle deeply into the tissue until it scrapes the bone over the root of the aching tooth. He also makes use of a chloroform mouth wash (5 or 6 drops to a glass of water) to ease the soreness after extraction. The patient keeping the water in his mouth, in the manner of a bath. As a gingival collutory the aromatic aqueous solution of chloroform (8 grammes to 1000 of distilled water, one dessert-spoonful to a glass of water) is a good solution of the kind.

Cure of Abscesses About the Neck Without Cicatrix or Deformity.—F. J. B. Quinlan, M.D., M.R. I.A., of Dublin, recommends (*London Lancet*) the following procedure:—A thin curved needle about three inches in length is threaded with fine silver wire, mounted on a handle, and passed deeply into the swelling from above downwards so as to admit of drainage. The wire is thus got through the abscess and the ends are tied together outside the skin. Spirit lotion is applied on lint and changed three times a day. The purulent discharge gradually drains away and is succeeded by a watery one. When the edges of the little wounds begin to pucker in, the wire is removed and a compress applied over the site of the abscess and between the openings. These then close up leaving two little red cicatrices which subsequently become white.

Micrococci are now positively declared to be the cause of erysipelas by Dr. Fehleisen, Bergmann's Assistant (*Medical Record*). He has isolated them, cultivated them on gelatine through fourteen generations. He then inoculated rabbits, and also men, with the pure organisms, and produced in most cases a typical erysipelas. The inoculations were made in seven patients who were suffering from lupus, cancer, and sarcoma. One case of lupus was almost completely cured, in another case the cancerous tumors disappeared, in another of fibro-sarcoma the tumor diminished in size. In the other four cases no especial effect on the tumor was noticed.—*Medical Review.*

Coma of Carcinoma.—Dr. Jaksch, in *Wien. Med. Woch.*, gives the account of a case of coma ending in death, caused by carcinoma occurring under the care of Dr. Nothnagel. The day previous to death the urine was examined and yielded no indican, sugar, or albumen, but a small amount of acetons. The acetonuria had lasted for some time. The post-mortem revealed cancer of stomach, lungs, and pleuræ.

Pylorus Resection.—Dr. Kleef (*Deutsche Med. Woch.*) describes a case of contraction of the pylorus following an ulcer, in which he performed a resection, and joined the duodenum to the stomach again. Silk was used for the sutures; antiseptic precautions were taken with the wound, which healed rapidly, and the patient made a good recovery.

Midwifery.

Antiseptic midwifery is receiving a fair trial at the British Lying-in Hospital. A little information as to the methods in use, derived from personal visits to the hospital, may interest your readers. Antiseptics are now employed in every case. Previous to fresh patients being received into a ward it is washed out with a solution of carbolic acid, disinfected by burning sulphur in it, and then left with the windows open for several days. A long-spouted kettle containing an aqueous solution of carbolic acid (one in twenty) stands on a table in the centre of every ward. This is heated by a small jet of gas and, being always kept going, the atmosphere of the wards is kept constantly impregnated with carbolized spray. Carbolized oil is used by the midwives and nurses to anoint the fingers before making digital examinations. The patients are delivered under a cloud of carbolic spray (one in twenty solution), which is kept playing on the vulva during labour. A steam spray is usually employed, but a hand-ball spray with three jets is always kept in readiness besides, for use when the steam spray is not ready, so that the spray is never omitted in any case. Dr. Fancourt Barnes thinks that this prevents the entrance of any germs into the uterus at the moment when the vagina is dilated by the passage of the child. He gives a quinine, opium, and ergot mixture for the first few days after delivery to keep the uterus contracted and thus prevent any germs from entering. The vagina is syringed out daily

for the first ten days after delivery with a (one in sixty) solution of carbolic acid. All washings of the genitals are performed with carbolic solution (one in eighty). These antiseptic measures have been used at the British Lying-in Hospital for about two years, and since they have been in vogue no deaths from puerperal fever have occurred, and during the past two years (1881 and 1882) only two deaths from any cause whatever among three hundred and thirty-two women delivered. Febrile temperatures after delivery, which were formerly common, are now quite the exception. It should be noted that in addition to these antiseptic procedures, so called, *the strictest cleanliness is observed.* The tables and chairs, etc., in the wards are painted *all over*, and when washed are thoroughly washed *all over*, so that no hiding-place for dirt is left anywhere. Ample provision for ventilation is made by means of open fireplaces, cross windows, inlet openings on Tobin's plan with wire screens (which can be washed out periodically) under the windows, and outlets in the ceiling, which communicate with an exhaust shaft. Each ward only contains four beds, and is large and lofty. There is a separate labour ward. The mattresses are disinfected from time to time by being baked in a hot oven. During the month of August in every year the hospital is closed and thoroughly cleaned throughout, and the walls limewashed afresh.—*N. Y. Med. Record.*

Plaster of Paris Pessary.—Dr. B. F. Dawson stated that he wished to record that he had made use of plaster of Paris, molded within the vagina, with the most decided success, in two cases of displacement of the uterus. The first case was that of a woman suffering from anteversion and a very aggravated prolapse of the left ovary. She was placed in the knee-chest posture, and pledgets of absorbent cotton, each with a string attached, soaked in a mixture of plaster of Paris and water of about the consistence of gum and partially squeezed out, were placed in the posterior fornix of the vagina and around the vaginal portion of the cervix, and held in position. The vagina was then cleaned out, in a few moments the cast had hardened, and the patient went away with instructions to withdraw the instrument should it cause pain. When she came back at the end of three days she said she had experienced great relief. On removing the plaster pessary, the mucous membrane with which it had come in contact, instead of being irritated, as one might have expected, was found to have been benefitted by its presence; it was firmer and less irritable than before, and the prolapsed ovary had evidently been sustained. The second case was one of retroflexion, in which the pessary acted not only as a harmless agent, but seemed to give all the uterine support desired. The instruments were removed, placed in fire to burn out the cotton, and dipped into wax or paraffin for the purpose of making them impervious to the secretions and to render them more durable. This method of supporting the uterus commended itself for the facility with which it could be applied, for cheapness and for accuracy of adaptation. *N. Y. Med. Jour.*

Garstang on Urethral Caruncle.—In the *Brit. Med. Jour.*, Nov., p. 932, is a paper on urethral caruncle, read by Mr. T. H. Garstang at the annual meeting of the British Medical Association at Worcester, in which, having called attention to the importance of this subject from the agony the patients are in who are affiicted with it, he stated that, besides the usual form, there also exists in some cases an allied disease, consisting of an extremely vascular and painful condition of the general lining membrane of the urethra, which may appear as a patch or as a ring, or may involve the whole canal, without the existence of any visible tangible tumour or excrescence, yet exactly resembling ordinary caruncle in its

symptoms, and in its entire resistance to all forms of treatment except the total destruction of the diseased part. A series of cases are described with their treatment, the latter consisting chiefly in the local application of nitrate of silver.

In the discussion that followed, Dr. Edis expressed the opinion that some of the cases described (those which Mr. Garstang took to be the unusual form of caruncle) were instances not of urethral caruncle, but of irritable or vascular conditions of the urethra, nitrate of silver being sufficiently powerful to allay this, but not being strong enough to destroy a true caruncle; and that a saturated solution of carbolic acid would have been found more serviceable, and its application less painful. Dr. Cullingworth also stated that Mr. Garstang's cases might possibly be irritated conditions of the urethra, the symptoms being aggravated by hysteria, and that in such cases he had found simple dilatation of the urethra to be most efficacious.—*Lond. Med. Record.*

Hæmorrhage in Placenta Prævia.—Dr. H. Klotz, of the University of Innsbruck, in *Wien. Med. Woch.*, describes a method that he employed in two cases of very severe placenta prævia. Acting on a suggestion of Dr. Breisky, for the arrest of hæmorrhage in an atonic uterus, he inserted two fingers of his right hand into the space behind the cervix uteri and pressed them firmly up between this and the vagina. By means of these fingers he hooked the lower part of the uterus strongly forward towards the pubes. He then made firm pressure on the fundus of the uterus by means of the left hand. Digital and manual compression on an ante-flexed uterus arrested the bleeding. He had to keep up the pressure in one case for three quarters of an hour. Both children survived.

The late Edward Mackay, amongst other charitable bequests, left to the Montreal General Hospital the sum of five thousand dollars.

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JUNE, 1883.

CLINICAL INSTRUCTION IN THE TORONTO GENERAL HOSPITAL.

For a number of years this most important department of medical education did not receive that amount of attention which it deserved. Of late, however, very great improvements have been made so that the teaching in clinical medicine and surgery, which was at one time defective, has now become one of the most distinguishing features of medical education in this city. The amount of progress made in this particular ought not to occasion surprise when one thinks of the immense strides made by Toronto in educational matters during the last decade, a progress which makes this city the educational centre *par excellence*, of the Dominion.

During the present Summer Session clinical instruction is given in the hospital daily, as follows:—From 1.30 to 3 p.m., the out-door patients are admitted in the theatre by one of the active staff. Remarks are made on the more interesting cases. The material presented in this clinic is often superior to that found in the wards. From 3 to 4 p.m. clinical lectures are given in medicine, surgery, and gynæcology. From 4 to 5 p.m., many of the hospital visits are made, when the students can see the patients who are unable to come down to the theatre. Those who are engaged as clinical clerks are then fully occupied until 6 o'clock writing the histories of cases, and preparing material for the clinical lectures; many of

them in fact spend a good part of the forenoon in the building. With such a programme it is quite evident that, proportionately to the number of students, as great clinical advantages are offered as in any medical college or hospital on this Continent.

Notwithstanding, however, these advantages many students leave the college with but a poor knowledge of the practical work of their profession. The fault lies partly with the students themselves and partly with the examining boards. If students would take into consideration that they are working that they may become successful practitioners, and not merely for examination, they would pay more attention to hospital work. If, on the other hand, the Medical Council would insist on examinations at the bedside and on certificates of time spent as clinical clerks, we would have on the part of students as great a desire to learn as the lecturers now have to teach them.

THE WOMAN'S MEDICAL COLLEGE.

At the present time we have no intention of discussing the desirability of women undertaking the study of medicine. Many of the *gentler sex* have chosen this profession as their work of life both in this and other countries, and quite a number have succeeded in attaining distinguished positions therein. As many Canadian ladies are now making the same choice, it becomes advisable to organize a thoroughly efficient medical school for women *only*, as attempts at the co-education of the sexes in this department have proved a failure. As Toronto possesses more varied and more extended clinical advantages than any other city in Canada, and as it is at the same time the most central, the most accessible, and the most prosperous city of the Dominion, it seems in every respect the most suitable place for the organization of such a school. Dr. Barrett, whose name is so well known in connection with this question, has matured his plans, organized his Faculty, and completed arrangements for the opening of the first session of his medical college on the first of October next. The following are the members of the Faculty, as published in the announcement which has been issued: Dr. M. Barrett, President, and Lecturer on Institutes of Medicine; Dr. George Wright, Practice of Medicine; Dr. I. H. Cameron, Surgery; Dr. A. H. Wright, Obstetrics; Dr. A. McPhedran, Materia Medica; Dr. J. T. Duncan, Anatomy; Dr. R. A. Reeve, Diseases of Eye and Ear; Dr. R. B. Nevitt, Sanitary Science; Dr. F. Krauss, Medical Jurisprudence; Dr. Augusta Stowe-Gullen, Demonstrator in Anatomy; A. R. Pyne, Esq., Chemistry.

The scheme is exceedingly popular with the public, and Dr. Barrett is receiving the most cheering promises of sympathy and support from all classes.

MEETING OF THE ONTARIO MEDICAL COUNCIL.

This august body, which is supposed to control the medical destinies of the Province, will meet June 12th. It is not expected that the session will be a very exciting one. Rumour says there may be some change made in time required for undergoing Matriculation Examination. According to present law, an interval of four years must elapse between matriculation and final examinations. As a consequence, some young men find it more convenient to acquire an M.D., then go to the old country, where sometimes before they have convalesced from sea-sickness, they go to an Edinburgh manufactory which gives more letters for the money than any other place in Christendom, obtain the said letters, bring them back, and register as qualified practitioners of Ontario. The whole thing can be done in a few weeks, and is easier than waiting in some cases for the four years interval. "*Then* you

know we have an Old Country degree, and a *deuced* big one too."

The Territorial members may possibly have some remarks to make upon two additions from the Western University, one Senate and one Faculty representative, as they think there are too many Schoolmen already. It is certainly putting it mildly to say that the paucity of the latter has never yet been noticed.

As the Council has already done so much in the way of making examinations more thorough, we hope it may go a little farther, and have clinical examinations in Final subjects. We may say at the same time that the present Examining Board gives the highest satisfaction, and the Profession is not anxious to see any changes. We also hope that a rule will be made compelling all who come up to the final examination, to show certificates of having acted as clinical clerks or surgical dressers in some general hospital, for a period of not less than three months, such certificates to be signed by a hospital surgeon or hospital superintendent.

SUMMER SESSIONS IN TORONTO.

We are glad to be able to state that the Summer Sessions in the two Medical Schools in Toronto are very successful. The course of systematic clinical instruction, now given in the General Hospital, is a most excellent one, and has probably never before been equalled in Canada. There are 62 students registered in the Hospital for the summer, and all are apparently delighted with the advantages placed at their disposal. We are glad to see Toronto coming to the fore, as far as clinical teaching is concerned, and we hope the members of the Faculties will feel encouraged by the success which has, this year, attended their labours, and go on in future years with the good work they are now accomplishing. We may say, that the Summer Session in the Toronto Schools is an established fact for all time to come.

ONTARIO MEDICAL ASSOCIATION MUSEUM.

A circular has been issued by the committee, having charge of this matter, to all members of the Profession in Ontario, whose names are on the Roll of Membership of the O. M. Association, containing the following questions:—1. Do you approve of a Museum? 2. Will you contribute specimens? 3. Will you subscribe to a Guarantee Fund? and 4. If so, how much? The answers are to be returned to Dr. R. A. Reeve, 22 Shuter Street, Toronto, the Secretary of the Committee.

It is not intended or desired to confine the benefits of this Museum by the limits of the Association; and, therefore, we are requested to put the above questions to those of the Profession who are not members of the Association. In view of our remarks in former issues on the value and importance of a general Museum of this sort, it would be idle iteration to again urge upon the Profession, (who already recognise the utility and necessity of a Museum) its claims to their hearty and material support.

ONTARIO MEDICAL ASSOCIATION MEETING.

This meeting will be held June 6th and 7th, in Toronto, and is likely to be a very successful one.

LIST OF PAPERS.

1. Case of Traumatic Tetanus, exhibiting the effects of Neurotomy, by Dr. Burt, Paris; 2. New method of Removing Solid Ovarian Tumours, when extensively adherent, Dr. Groves, Fergus; 3. The Bacilli of Phthisis, Dr. Graham, Toronto; 4. Hip Joint Disease, Dr. Ferguson, Toronto; 5. Cancer of the Larynx, Dr. Ryerson, Toronto; 6. Some of the Uses of Jaborandi, Dr. MacKay, Woodstock; 7. Talipes by Wedge Plaster Method, Dr. Burrowes, Lindsay; 8. Some Cases of Poisoning, Dr. Mitchell, Enniskillen; 9. The Relations of the Medical Profession to Public Health, Dr. Oldright, Toronto; 10. Aphasia, Dr.

Workman, Toronto; 11. Primary Lateral Sclerosis, Dr. Campbell, Seaforth; 12. A Case of Fatty Diarrhœa, Dr. Woolverton, Hamilton; 13. The Conduct of Medical Men towards the Public, and Among Themselves, Dr. Dupuis, Kingston; 14. Acetonæmia, Dr. Strange, Toronto; 14. Anomalous Case of Nerve Disease, Dr. C. K. Clarke, Kingston; 16. Vaccination, Dr. Playter, Toronto; 17. The Brain and its Functions, Dr. Curry, Rockwood: 18. Fractures of the Forearm, Dr. McNaughton, Erin; 19. Prurigo, Dr. McPhedran, Toronto; 20. Puerperal Convulsions, Dr. Parsons, Meaford; 21. Cerebro-Spinal Meningitis, Dr. Howland, Huntsville; 22. Case of Superfœtation, Dr. Davidson, Toronto; 23. Restriction and Prevention of Contagious Diseases of School Life, Dr. White, Toronto.

In addition to the reading of original papers, Dr. Covernton will read a translation "Pasteur on the New Microbes."

There will be an exhibition of a new Electric Battery, various Surgical Instruments, Pathological Specimens, etc.

THE MARRIAGE OF DRS. STOWE AND GULLEN.

A very unusual event occurred in Toronto, May 23rd, when one physician was married to another,—Dr. Augusta Stowe to Dr. John B. Gullen. The ceremony was performed in the Metropolitan Methodist Church, in the presence of a large number of guests and friends of the bride and groom. Dr. Augusta Stowe Gullen is, we believe, the first lady who has obtained the degree of M.D. in Canada. She went through the whole four years' Medical Course in Toronto, being, during the greater part of the time the only female student in attendance at her Medical School. We regret to say that a minority of the males did not treat her with that courtesy to which a lady is entitled, and *always obtains from gentlemen;* in fact she was frequently subjected to annoyances of a most aggravating and contemptible character. Notwithstanding the very trying circumstances under which she was frequently placed, she invariably conducted herself in such a way as to command the respect and admiration of those with whom she came in contact, including her teachers, various examiners, and we are happy to add, the majority of her fellow students.

The history of this lady's career furnishes one of the strongest arguments in favour of the establishment of a Woman's Medical College. We are glad to notice that our first Canadian lady M.D. has shown sufficient abilities to induce the Faculty of the New School to give her a place on the staff. To the happy couple we extend hearty congratulations, and best wishes for long life, happiness, and success. Their union is considered by some to be the first step towards the consolidation of the two Medical Schools in Toronto, one being a graduate of this year from the Toronto School, the other from Trinity.

SENATE OF TORONTO UNIVERSITY.

At the last meeting of this body, May 25th, at which, as usual, there was a very small representation of the Medical Members, a letter was read from Dr. Eccles, recommending that only final men (Third or Fourth Year) should be examined in Materia Medica. Mr. Louden gave notice of a statute establishing the degree of Ph. D. Dr. Oldright gave notice of resolution recommending some more genial form of Memorial of the late Chief-Justice Moss than a Scholarship. Mr. Houston gave notice of resolution to allow Intermediate Examination in lieu of Matriculation in Medicine. We understand this to apply only to pass men. Mr. Houston's motion, relative to special fees paid to Professors in University College, was referred to a committee. We believe this motion refers to the fact, that certain fees of occasional students, instead of going into the coffers of the College, are appropriated by Professors.

RESULTS OF EXAMINATIONS, TORONTO UNIVERSITY.

PASSMEN.

First year.—Bigelow, A. W.; Campbell, C. G.: Carlyle, J. C.; Caven, W. P.; Gregg, W. J.; Hamilton, H. J.; Johnston, D. R.; Little, H. E. R.; Macoun, J.; Marty, J.; Mackenzie, D.; Noecker, C. T.; Parker, S.G.; Peaker, J. W.; Peters, G. A.; Woodward, A. F.

Second year.—Bascom, H.; Bourke, E.; Broadfoot, A.; Cane, F. W.; Carr, L.; Carveth, G. H.; Cherry, G. A.; Courtney, J. D.; Hoople, H. M.; Howell, J. H.; Knisley, A.B.; Krick, C. A.; Murchon, D. J.; Pool, D.; Saunders, M. R., Staebler, D. M.; Sutherland, J. G.; Webster, H. E.

Third year.—Bray, J.; Clerke, J. W.; Draper, J. S.; Hearn, R.; Johnston, J.; Mackenzie, A. F.; Patterson, J. W.; Spence, J.; Stewart, R. L.; Stewart, S.; Thompson, A. S.

Primary Examination.—Bingham, G. A.

M. B. Examination.—Clerke, H. S.; Dolsen, F. J.; Hansler, J. E.; Meldrum, G.A.; Robinson, W. G.; Carlton, W. H.; Cuthbertson, W.; Freeman, W. F.; Lepper, W.J.; Meikle, T. D.

M. D. Examination.—Clapp, R. C.

SCHOLARSHIPS.

First year.—(1) Johnston, D. R.; (2) Peters, G. M.

Second year.—(1) Carr, L.; (2) Hoople, H. M.

Third year.—(1) Clerke, J. W.; (2) Spence, J.

M. B. Examination.—Gold Medal, Robinson, W. J. Silver—Dolsen, F. J. Starr gold medal—Robinson, W. J.

In the first year Macoun requires to take chemistry again; and Mackenzie and Woodward to take anatomy again.

In the second year Poole to take anatomy again.

HONOUR LIST.

First year.—Anatomy—Class I., Caven, Johnston, Peters, Noecker. Class II., Marty.

Physiology—Class I., Campbell, Bigelow, Peters, Johnston, Greig, Caven, Noecker. Class II., Marty, Macoun.

Natural Physiology and Chemistry—Class 1., Johnston, Marty, and Peters. Class II., Caven, Hamilton.

Biology and Comparative Anatomy—Class I., Peters, Greig. Class II., Bigelow, Caven, Johnston.

Second year.—Anatomy—Class I., Carr, Hoople, Bascom, Howell, Sutherland, Staebler. Class II., Bourke, Saunders.

Physiology—Class I., Hoople, Saunders, Bascom, Howell, Carr. Class II., Sutherland, Cherry, Krick, Bourke, Staebler.

Materia Medica and Therapeutics—Class I., Saunders, Staebler, Carr, Bascom. Class II., Howell, Hoople, Cherry, Minchin, Sutherland, Bourke.

Chemistry, organic and physiological.—Class I., Howell, Carveth, Carr, Sutherland, Hoople, Minchin, Cherry, Saunders, Courtney, Bascom, Krick, Staebler. Class II., Webster, Bourke.

Histology.—Class I., Hoople, Saunders, Staebler, Bascom, Minchin, Cherry, Howell. Class II., Carveth, Sutherland, Bourke, Carr, Krick.

Third year.—Medicine—Class I., Bray, Spence, and Stewart, S. Class II., Clerke, Patterson, Johnston.

Clinical Medicine—Class I., Spence, Stewart, Bray. Class II., Clerke, Draper, Johnston.

Surgery.—Class I., Johnston, Clerke. Class II., Spence, Bray.

Clinical Surgery.—Class I., Spence, Stewart, S., Johnston, Bray, Clerke, Draper. Class II., Mackenzie, Patterson, Stewart, R.L., Thompson.

Surgical Anatomy—Class I., Spence, Draper, Clerke, Johnston. Class II., Stewart, S., Thompson, Bray, Stewart, R. L.

Obstetrics—Class I., Clerke, Thompson, Johnston, Bray, McKenzie, Stewart, S., Spence. Class II., Stewart, R. L.

Pathology and Pathological Histology—

Class I., Clerke, Bray, Spence. Class II., Stewart, S.

Fourth year.—Medicine—Class I., Robinson, Dolsen. Class II., Clerke, Meldrum, Hansler.

Clinical Medicine—Class I., Robinson, Clerke. Class II., Meldrum, Dolsen.

Surgery—Class I., Robinson, Clerke, Dolsen. Class II., Meldrum.

Clinical Surgery—Class I., Robinson, Clerke. Class II., Meldrum, Dolsen.

Forensic Medicine—Class I., Meldrum, Robinson, Clerke, Hansler, Dolsen.

Hygiene—Class I., Dolsen, Robinson, Clerke, Meldrum.

Medical Psychology—Class I., Robinson, Dolsen, Clerke, Meldrum.

Practical Chemistry, Forensic, and Hygienic—Class I., Robinson, Meldrum.

Of the whole number of successful candidates, thirty-seven were from the Toronto School and nineteen from Trinity. Among those who obtained scholarships and medals, Messrs. Robinson, Dolsen, Clerke, Spence, Carr, Johnston, and Peters, were Toronto School men; and Mr. Hoople was a Trinity School man. There were no candidates from any schools outside of Toronto.

Mr. J. Netten Radcliffe has been obliged, through ill health, to resign his post as Assistant Medical Officer of the Local Government Board. To those who can recall the vast amount of sanitary and literary labour he has accomplished from the publication of his work on the *Hygiene of the Turkish Army* and the *Murrain at Sinope*, down to his exhaustive reports and "Memoranda on the Recent History and Development of Cholera, Plague, and other Asiatic Epidemics," and the question of quarantine in the Red Sea, and his services in connection with the Epidemiological Society—a realization of the loss sustained will not be difficult. Dr. Thorne has been appointed his successor.

The Royal College of Physicians of London has lately instituted a special examination in Hygiene and State Medicine.

The Directory for Nurses, of Baltimore, during the first eleven months of its existence, registered 29 nurses. The receipts and expenses showed a small balance in favour of the receipts.

The American Medical Association.—The next annual meeting of this Association will be held in Cleveland, from the 5th to the 8th of June inclusive.

At a recent annual meeting of Convocation of the University of London, Sir James Paget was elected Vice-Chancellor in succession to the late Sir George Jessel.

Meetings of Medical Societies.

PROVINCIAL BOARD OF HEALTH.

FIRST REGULAR MEETING OF 1883, MAY 9th.

The Board was called to order by the Chairman at 2 p. m. The following members being present: W. Oldright, M. A., M. D., Chairman; C. W. Covernton, M. D., J. J. Cassidy, M. D., H. P. Yeomans, B. A., M.D; and Prof. Galbraith, M. A.

The minutes of the previous meeting having been read by the Secretary, were on slight amendment confirmed.

Various communications were then read, amongst the more important being one from Dr. Playter *re* the desirability of the Board using the *Sanitary Journal* as a convenient method of disseminating sanitary information, and another from the same gentleman urging upon the Board the necessity for a short pamphlet upon the the dangers incident to *immoral, and marital* sexual excesses; one from Dr. J. E. White, Toronto, with the information that Scarlatina of a malignant type prevailed in part of of Whitchurch, York Co., and various other letters.

Notices of the communications which have already appeared in the daily press, and from Sheriff Clarke, M. D., Prince Arthur's Landing, and Dr. Thos. Sewell, M. A., physician to C.P.R., concerning the

outbreak of smallpox in that district and the means taken to extinguish it, were given by the Secretary, as also of those received from Dr. Kincaid, Health Officer of Peterboro', and others concerning the outbreak and suppression of smallpox in that town during the month of March.

One lengthy communication from Dr. Carney, of Windsor, was read, stating reasons why in justice to himself and profession, he did not feel that he ought to continue to be a correspondent of the Board in the matter of Disease Reports.

Dr. Covernton then read the report of the Committee on Epidemics, which was received and ordered to be printed in the next annual report.

Dr. Cassidy's report of Special Committee appointed to interview the Minister of Education, concerning the introduction of Hygiene, as a subject to be taught, into High and Public Schools, was considered in committee of the whole, amended and ordered to be printed in the next annual report.

Dr. W. Canniff, Health Officer of Toronto, being present and having been invited to take part in the deliberations of the Board, made some remarks upon the desirability of having Medical Health Officers everywhere appointed, and further stated that he considered that the public ought to feel indebted for the work already accomplished by the Board. The first session then adjourned.

SECOND SESSION.

The Chairman called the Board, May 10th, to order at 10.30 a. m., the following members being present: Drs. Oldright, Covernton, Cassidy, Yeomans, and Prof. J. Galbraith.

The minutes of the previous meeting having been read, the Chairman proceeded to read his annual address for the year 1883. It was ordered to be incorporated in the annual report for 1883.

Dr. Yeomans thereafter made some remarks upon the advisability of drafting rules to be recommended to municipal councils, for the purpose of aiding them in framing by-laws for the guidance of local Boards of Health.

Dr. Canniff being present made some remarks concerning the necessity for isolating contagious diseases and for the removal of smallpox cases to the hospital.

The meeting then adjourned till 3.30 p. m.

THIRD SESSION.

The following members present: Drs. Covernton, Cassidy, Yeomans, and Prof. Galbraith, Dr. Oldright, (later.)

Dr. Yeomans having been appointed Chairman *pro tem*, the minutes of the previous session were read. The consideration of a circular formulated by the Secretary was taken up.

It was after discussion moved by Dr. Cassidy, seconded by Dr. Yeomans and carried, that a circular be issued to clerks of municipalities, health officers, and correspondents of the Board, containing a series of questions, asking for certain sanitary information. After consideration in committee of the whole, the committee arose and reported progress.

Prof. Galbraith then read the partial report of the Committee on Sewage, Drainage, and Water Supply. The reading of the remainder of the report and its consideration were deferred till another session. The Board then adjourned.

FOURTH SESSION.

The following members present: Drs. Oldright, Covernton, Cassidy, Yeomans, Rae, and Prof. Galbraith. The minutes of the previous session having been read, Dr. Oldright read the remainder of the report of the Committee on Sewage, Drainage, and Water Supply.

Dr. Oldright moved, and Dr. Cassidy seconded, that the report as read be received and that the Board go into committee of the whole for its consideration. After dis-

cussion the committee arose and reported. It was then moved by Dr. Rae, seconded by Dr. Cassidy and carried, that the report be adopted as amended, and that it be printed in pamphlet form for distribution. The motion was carried.

The question of drafting by-laws having again been taken up, it was moved by Dr. Covernton, seconded by Prof. Galbraith and carried, that Dr. H. P. Yeomans be appointed a committee to frame by-laws to be recommended to the various municipalities for their guidance in the formation of local Boards of Health.

FIFTH SESSION.

Present : Drs. Oldright, Covernton, Cassidy, Rae, and Prof. Galbraith.

The minutes having been read, the Board proceeded to consider in committee of the whole amendments to the by-laws. After discussion the committee arose and reported the by-laws as amended. On motion of Dr. Rae, seconded by Dr. Cassidy, the various amendments were adopted.

It was then moved by Dr. Cassidy and carried, that the Board go into committee of the whole, on the appointment of members of standing committees for the following year with this result:—

Dr. C. W. Covernton, on Epidemics; Dr. W. Oldright, Prof. J. Galbraith, Sewage, Drainage, and Water Supply; Dr. C. W. Covernton, Foods and Drinks; Dr. J. J. Cassidy, Warming and Ventilation of Buildings; Dr. F. Rae, Poisons, Explosives, etc.,; Dr. H. P. Yeomans, School Hygiene; Dr. H. P. Yeomans, Legislation; Dr. F. Rae, Finance; Dr. Oldright, and Prof. Galbraith, Publication.

It was moved by Dr. Covernton, seconded by Dr. Cassidy and carried, that the Secretary be requested to forward to various professors of Hygiene and other distinguished Sanitary scientists copies of the *Globe* and *Mail*, containing reports of the work accomplished at the various sessions of the first regular meeting of the Board.

The question of the next sanitary convention having been introduced, it was moved by Dr. Oldright, seconded by Dr. Rae, and carried, that a committee consisting of the mover, seconder, and Secretary, be appointed to visit Cobourg, and, if possible make arrangements for a sanitary convention, to be held there in the second week in October.

The Secretary then drew the attention of the Board to certain suggestions made by various correspondents of the Board, concerning the best methods for obtaining accurate disease reports. This matter, as also the circular for the collection of sanitary statistics, was referred to the Committee on Publication.

The Secretary having referred to a request made by Col. Otter, through Mr. Thomas McMinn, that the plates used in preparing the "Drowning Pamphlet," be loaned to the Queen's Own, it was moved by Dr. Cassidy, seconded by Prof. Galbraith, and carried, that the request be granted.

The Board, on motion of adjournment, concluded the fifth session of the first regular meeting of the year.

P. H. Bryce, M.A., M.D., *Secretary.*

THE TORONTO MEDICAL SOCIETY.

Stated meeting, April 19, 1883.

The President, Dr. George Wright, in the chair.

Dr. McPhedran showed a case of small papular syphiloderm. The patient was a woman aged 40. No history of syphilis ascertainable. She has a child six years old, healthy, no miscarriages. Her husband said to be healthy. There were some ulcerated patches on right tonsil. The eruption was universal, of a bright reddish colour, resembling papular eczema, but there was no irritation. Glands were generally enlarged.

Dr. Ryerson showed a man aged 79 with a large ulcer on left anterior pillar of the fauces, involving the tonsil, and extending

as far forward as the ramus of the jaw. Edges well defined, everted and indurated, and the base covered with a grayish slough. Pain is considerable, and often darts to the ear. Glands large and indurated. The ulcer was thought to be carcinomatous.

Dr. Ryerson wished to know the views of the Society on the advisability of operating for the removal of the diseased tissues in such cases.

Dr. McFarlane thought operation sufficient to destroy life in many cases by shock and hæmorrhage, and therefore would not resort to it.

Dr. Cameron thought the operation advisable, if done early; as did also Dr. Graham.

Stated meeting, May 3, 1883.

The Vice-President, Dr. A. H. Wright, in the chair.

Dr. G. B. Smith showed a case of tinea circinata of the body, in a boy aged 16. The parts attacked were the buttocks, inner and back parts of the thighs, groin, penis, etc. A number of the patches were oval, and raised. There was a good deal of irritation. Other members of the family were similarly affected. Ointment of chrysophanic acid (ʒ ss. ad. ʒ i.) had been applied.

Dr. Graham pointed out that the appearances differed a good deal from ringworm, but the contagiousness indicated that such was the nature of the disease. He thought x. or xv. grs. to the ʒ sufficiently strong for the chrysophanic acid ointment; stronger would he feared be dangerous.

Dr. Cameron showed a young man with an ununited fracture of the tenth rib, of four weeks standing.

Dr. Davidson showed a case of leucoderma in a girl aged six.

Dr. Workman showed for Dr. Burns a fibroid polypus of the uterus.

Dr. Ryerson showed a salivary calculus, 5/8 x 3/8 inches, removed from the sublingual duct of a lady.

Dr. Machell showed a round piece of wood, twelve inches long and one inch in thickness, removed from the rectum of an old man. The upper end of the stick formed a protuberance at the umbilicus, while the other rested in the hollow of the sacrum. It was removed by hooking the finger over the end on the sacrum, aided by expulsive efforts made by the patient.

This being the Annual Meeting, the following officers were elected for the current year:—

President, Dr. Graham.
First Vice-President, Dr. Nevitt.
Second Vice-President, Dr. Machell.
Recording Secretary, Dr. Duncan.
Corresponding Secretary, Dr. Lesslie.
Treasurer, Dr. Spencer.
Members of Council, Drs. Cassidy, Davidson, and Ferguson.

Book Notices.

Eleventh Annual Report of the New York Infant Asylum, 1883.

The Biographer Illustrated, May, 1883. New York: 23 Park Row.

Weekly Bulletins of the Provincial Board of Health. By P. H. Bryce, M.A., M.D., Secretary.

One Hundredth Annual Catalogue of the Medical School (Boston) of Harvard University, 1882-83.

Report of Proceedings of the Illinois State Board of Health, Quarterly Meeting, Chicago, April 12-14, 1883.

Proceedings of the Sanitary Council of the Mississippi Valley at its 5th Annual Meeting, Jackson, Miss., April, 1883.

The Pathology and Morbid Anatomy of Tubercle. By N. Senn, M.D., Milwaukee, (reprint from *Trans. State Med. Soc.*)

Heart Puncture aad Heart Suture as Therapeutic Procedures. By Jno. R. Roberts, M.D., Philadelphia: (reprint from *Medical News.*)

The Clinical History and Exact Localization of Perinephric Abscesses. By Jno. B.

Roberts, M.D., Philadelphia: (Reprint from the *American Journal of the Medical Sciences.*)

Communicable Diseases in Michigan during year ending Sept. 30th, 1882, and Work of Boards of Health restricting the same: (Reprint from *Annual Report Mich., State Board of Health.*)

The Doctorate Address delivered at 40th Annual Commencement of Rush Medical College. By Moses Gunn, M.D., LL.D: (Reprint from *Chicago Medical Journal and Examiner*) 1883.

The Symptoms and Diagnosis of Malaria in Children. By L. Emmett Holt, A. M., M. D., New York, (reprint from the *American Journal of Obstetrics and Diseases of Women and Children.*

Weeklg Bulletins of Health in Michigan, Meteorological Reports, and Mortuary Statistics of the city of Lansing for the Month of April. By Henry B. Baker, M. D., Sec. State Board of Health, Mich.

Diseases of the Eye. By Edward Nettleship, F.R.C.S. Second edition. Philadelphia: Henry C. Lea's, Son & Co., 1883. Toronto: N. Ure & Co.

The first edition of this work deservedly met with great favour, and the evident thoroughness with which it has been revised by its painstaking author renders it second to none as a manual for advanced students, and book of reference for the busy general practitioner.

Manual of Gynæcology. By D. B. Hart, M.D., F.R.C.P.E., Lecturer on Midwifery, Diseases of Women, School of Medicine, Edinburgh, etc., and A. H. Barbour, M.A., B.Sc., M.B., Assistant to the Professor of Midwifery, University of Edinburgh, etc. Volume II. New York: William Wood & Co.; Toronto: Willing & Williamson.

In our last issue it was our pleasure to comment favourably on the first volume of this excellent work. We have little to add, with reference to the second volume. Taking it altogether, as a manual, we think it can scarcely be excelled.

Handbook of Medical Electricity, with a description of a new Medical Battery. By A. M. Rosebrugh, M.D., Toronto.

The Battery which this little *brochure* is intended to introduce to professional notice is a very simple but ingenious modification of one already well known to the profession — the McIntosh combined galvano-faradic. The introductory account of the therapeutic uses of electricity compiled from various sources is very good; but we trust that no one who buys the battery will do it the injustice to employ it solely on the strength of the information he will glean from these pages.

A Manual of Auscultation and Percussion, Embracing the Physical Diagnosis of Diseases of the Lungs and Heart and of Thoracic Aneurism. By Austin Flint, M.D., Third Edition, Revised. Philadelphia: H. C. Lea's Son & Co. Toronto: N. Ure & Co., Price, $1.75.

The Third Edition of this well-known manual has just appeared. Its scope is the same as formerly; but some new matter has been introduced in the shape of directions for reproducing pulmonary signs in lungs removed from the body, and by artificial illustrations, and the embodiment of certain practical points suggested by Prof. Janeway. The work is too well known to require comment; the author is beyond the palé of ordinary criticism.

The Diseases of the Prostate, their Pathology and Treatment. By Sir Henry Thompson. Fifth Edition. Philadelphia: P. Blakiston, Son & Co. Toronto: N. Ure, & Co., 1883. Price, in paper 75 cents; in cloth, $1.25.

The first edition of this work appeared in 1857, and constituted "an epoch making" contribution to our knowledge of the subject. Successive editions have been marked by the natural development of the author's views and a record of the increase of information acquired on all hands. This last exemplifies the general growth of knowledge in a high degree and contains

an entirely new chapter, describing the author's latest operation for the relief of advanced Prostatic Disease by incision of the Prostatic urethra through the Perineum. The plan of a cheap edition has been followed, as with the last edition of his "Clinical Lectures."

Tenth Annual Report of the Secretary of the Michigan State Board of Health for the fiscal year ending 30th Sept., 1882. Henry B. Baker, M.D., Lansing, Mich., Secretary.

The State of Michigan is greatly to be congratulated upon its Board of Health, the Board upon its accomplished and indefatigable Secretary, and the Secretary upon his most complete and instructive Report now before us. It contains, of course reports of the proceedings of the Board, of Sanitary Conventions and Meetings, large and small, in which the Board participated, various papers, communications, and reports of investigations presented thereto, a record of the communicable diseases prevalent in the State during the year and the meteorology of the State, together with the weekly reports of sickness for the year 1881—on the whole a very creditable showing of how the functions of a Board of Health should be, and were fulfilled.

Illustrated Medicine and Surgery. Edited by Drs. Geo. Henry Fox and Frederic R. Sturgis. New York: E. B. Treat, 757 Broadway, Publisher.

The April issue of this valuable Quarterly has come to hand. The subjects treated of are Enchondroma (two ill.), by W. W. Dawson; Intellectual Monomania (one ill.), by W. A. Hammond; Trichophytosis Barbæ (one ill.), by H. G. Piffard; Rupture of the Choroid (four ill.), by T. R. Pooley; Syphilitic Stenosis of the Larynx, Tracheotomy (two ill.), by C. H. Knight; Multiple Sarcoma of Skin (two ill.), by Franklin Townsend; Deformity of Lower Eyelid (three ill.), by T. T. Sabine. This enumeration shows the variety of the contents. The illustrations exhibit the same skill and care so highly lauded in former issues; and the authors' names are a sufficient guarantee of the excellence of the letterpress. The editors and the publisher deserve hearty felicitation, not only upon the enterprise they have exhibited but also and equally upon the success of their undertaking.

The Transactions of the American Medical Association (instituted 1847). Vol. xxxiii., 1882.

This is probably the last volume of these Transactions. Since, if, as is proposed and seems probable, a weekly medical journal be established under the auspices of the Association and modelled on the plan of the *British Medical Journal*, the matter now consigned and buried in such a volume will henceforth see the light through the columns of the *Journal*. We sincerely trust that the adoption of such a plan will stimulate contributors to place at the disposal of the editor material more worthy of a great association. If it do not, the embryo journal will soon have to hide its diminutive, if not diminished, head in shame in contemplation of its great British prototype. This volume, like its predecessors, although it contains much valuable information, scattered here and there, rises above mediocrity in no particular. Wherefore we welcome change for the sake of the possibilities it brings.

Anatomical Technology as Applied to the Domestic Cat: An Introduction to Human, Veterinary, and Comparative Anatomy. With Illustrations. By Burt G. Wilder, B.S., M.D., Prof. of Physiology, Comparative Anatomy, and Zoology, in Cornell University, etc., and Simon H. Gage, B.S., Assistant Prof. of Physiology, Cornell University. New York and Chicago: A. S. Barnes & Co., 1882.

This work, the authors state, has grown out of their needs as instructors, and most of it has been employed in the laboratory of Cornell with success and satisfaction.

It presupposes utter ignorance of anatomy and anatomical methods; it is based upon the domestic cat; its descriptive terms apply to all vertebrates, are technical and brief; its experimental and manipulative directions are clear and explicit. The introduction is taken up with explanatory and advisory notes, which will bear careful perusal. Terminology is rightly considered a matter of importance, and new terms are offered, which, if not pleasing to the eye, have the very positive advantage of brevity and perspicuity. The reasons adduced for the selection of the domestic cat as a basis for the work are rational and philanthropical, though the authors neglect to strengthen their position by adverting to this view of the subject. We hope the book will have a large and enthusiastic army of readers and students. There is plenty of material at hand.

The plates, wood cuts, and diagrams are good and clear as a rule, but their lettering is at times difficult to follow, and almost illegible, both by reason of the peculiar form of letter, and the irregular abbreviations employed.

Fortieth Annual Report of the State Lunatic Asylum, at Utica, for the year 1882.

It is not often that we are co-embarrassed by the length and the valuable contents of asylum reports. Some are regretfully short, whilst others cover more pages than the erudition or the sound discretion of the writers might have rendered advisable. On the present occasion, Dr. Gray who, it will be remembered, was shot through the cheeks and the back of the nose by a stray Guiteau sympathizer, only six months prior to the writing of this report, has given very satisfactory proof that no part of his thinking machinery lay in the path of the bullet. It is indeed probable that his mental courage has, by the fortuitous spur of the would-be assassin's pistol, been invigorated rather than debilitated, for on the various subjects treated of by him he speaks out with a firmness of decision and an absence of reservation, which we regret to say are not very abundant in the annual bulletins of American asylum superintendents. We sincerely hope that he feels well assured of the firmness of his standing ground, for, in many of the United States, public officers must measure their words with great discretion, consequently their printed deliverances must be very cautiously spiced with just so much truth and plain facts as may be of pleasant digestion to the parties in power, whether in the State capitols or in their own vicinity. Everybody knows that when a dog has to be beaten the difficulty is not in finding the rod, but the fault; and, as far as we can learn or judge from the run of events in American lunatic asylums there is no country in christendom in which the virtues of fault-seeking, slander-nourishing, and general undermining, are so sedulously cultivated as in the Great Republic which glories in honouring the memory of the boy who preferred a whipping to the telling of a lie.

Dr. Gray's part of the report covers, (including that of the pathologist, and the usual array of tables which nobody reads, and from which very few are competent to educe useful practical conclusions,) some forescore pages. We could almost wish that Dr. G. had less embarrassed his reviewers with rich material. To make selections from so ample a supply without the injustice of important omissions, is altogether impracticable, and our available space does not permit of extensive quotations.

On the subject of immature discharges, made either at the instance of importunate senseless friends, or under the command of conceited ignorant judges, (a custom too common in the United States) Dr. G. writes as follows:—

"The history and character of these cases show the importance of the provision of law requiring a guarantee of safe custody and maintenance. What will become of them remains for the future to tell. We

have learned the sad history of many cases thus removed in previous years, under similar circumstances, the friends being moved to action in every case either by prejudice, ignorance, or sympathy, these sentiments over-riding their judgment, as some have themselves confessed. In many instances the friends have said they were encouraged by the stories of discharged insane, sensational literature, and unjust attacks on asylums. In one case thus removed the patient, a woman, reached home with her husband in the evening, met her children and seemed to be happy. In the night her husband missed her from the bed, and going to the kitchen in search of her, he found her lying there dead, she having cut her throat with a butcher knife. Another, a man, thus removed, drowned himself in a cistern within two days after. Another case, a woman, drowned herself in a cistern within a few days after her return home. Another case, after returning home set fire to a barn, burned up a large amount of material and live stock, and when the fire was fully under way, threw himself into the burning ruins. Another who was discharged on a bond approved by a Judge, committed suicide directly after his return, by hanging himself."

Now we venture to say that there was not one of the preceding cases detailed by Dr. Gray, of which any asylum superintendent would not most gladly be rid, could he conscientiously or humanely make the discharge, for of all classes of the insane the suicidal are the most perplexing to all in charge of them; but it is a sad fact that insanity in families is not confined solely to the one member, whose asylum confinement becomes unavoidable. The difference is often but in degree, and in fact there are many asylum patients who evince more sense than their visiting relations. Hardly has it ever happened that a man has placed his wife in an asylum, or a woman her husband, without being severely censured by some *friendly* neighbours, neighbours who, perhaps have never stirred a finger, nor ever would do so in emergency, to help the accused. Such is the friendship of that pseudo-christian charity whose signal virtue is the confession of other people's sins.

Dr. Gray mentions the case of one James B. Silkman, who was a patient from the 21st May to the 18th of August, 1882, and was taken out on a writ of *habeas corpus* granted by a judge of a court 150 miles distant, and on his order duly discharged. Dr. G. states that "Dr. S. A. Russel," one of his assistants, "who had had constant observation of Mr. S. during his stay in the asylum, gave sworn testimony to the court to Mr. S.'s insanity during his residence in the asylum, and at the time of his discharge by the court."

Pshaw! Dr. Russell—what did he know about insanity, or about James Silkman, in comparison with the learned Judge of Poughkeepsie? What could Russell know or learn in three months' daily observance of Silkman that should override the intuition of a judge? Dogberry said that "reading and writing cometh by nature," why not then the knowledge of insanity, even despite of nature?

If we have been rightly informed this said J. Silkman has again turned up, but subsequent to the date of Dr. G.'s report, and through his benevolent intervention and the politeness of the Poughkeepsie mandarin, two or three other Utica patients have been ordered out. The evidence given by the relatives of these patients, as well as that by the asylum physician, showed as clearly as human and reliable testimony could do, that they were still insane, and one of them a very dangerous lunatic; but the Poughkeepsie Dogberry said he knew better. Verily, the wisdom of Law is very deep, ten thousand fathoms below reach of our sounding lines! Oh, that Judge P. were here "to write himself down an ——!" But be it remembered that he is —— not a goose.

Personal.

Dr. Uzziel Ogden left for Europe May 26th.

Dr. Browne, of Montreal, left for Europe May 7th.

Dr. Cuthbertson is acting as assistant in the Toronto Asylum for Insane.

Dr. Mat. Wallace has commenced practice on Queen Street east, Toronto.

Dr. Roberts Bartholow has been elected Dean of Jefferson Medical College.

Dr. G. G. Rowe has been appointed Health Officer of the village of Parkdale.

Dr. W. W. Keen has been elected Professor of Surgery, in the Women's Medical College of Philadelphia.

Dr. Shepherd has been elected a member of the active staff, Montreal General Hospital, and Dr. R. L. MacDonnell on the out-door staff.

Prof. George Murray Humphry has resigned the Chair of Anatomy in the University of Cambridge.

At the Kingston Medical School Dr. Saunders has been appointed to lecture on Clinical Surgery; Dr. McCammon, Clinical Medicine; Dr. Henderson, Histology.

Drs. H. Wilberforce Aikins,, of the Toronto School, F. Gault Finley, of McGill College, and William Nattress, and W. Hector MacDonald, of the Trinity School, have passed the Primary Examination of the Royal College of Surgeons of England.

Western University, Medical Department, Dr. John Wishart has been appointed Lecturer in Clinical Surgery; Dr. McGuigan, Registrar; Dr. Arnott, Representative in the Ontario Medical Council. The Senate of the University has appointed Dr. Fenwick its Representative in the Ontario Medical Council.

Rev. A. J. Campbell, M.D., of Collingwood, was fined $25 by two J. P.'s, for contravening the Medical Act. The Magistrates were medical men. The case was appealed upon the grounds that the magistrates were biased, and that they acted beyond their jurisdiction.

OBITUARY.

DR. JOHN A. STEVENSON.

We have to announce with deep regret the death, on the 28th of April, of Dr. J.A. Stevenson, at the residence of his father-in-law, Mr. Vice-Chancellor Proudfoot, Toronto. He was a son of Judge Stevenson, of Simcoe, and graduated at McGill in 1873. He practised in London, being in partnership with Dr. Fraser. When the medical department of the Western University was organized he was appointed Secretary and Lecturer on Therapeutics. He was thirty-two years of age at time of death. He possessed good abilities, industry, and perseverance; was very popular with the profession, and universally liked by those with whom he came in contact. His wife, two children, and a large circle of loving friends are left with only the fondest recollections to comfort them in their sad bereavement.

Miscellaneous.

JOHN OF GADDESDEN.

"One of the first of our English writers is John of Gaddesden, whose 'Rosa Anglia' was greatly esteemed, and he is favourably mentioned by Chaucer. John was a man to whom nothing came amiss; he had an anodyne necklace for fits, and an infallible cataplasm for gout; he was a dexterous bone-setter and a good dentist. He was very assiduous in inventing lotions for ladies' complexions, and was complaisant enough to cut their corns; and as for those troublesome animalcules, which in those days used to infect the heads of gentlemen, he had a most effectual method of destroying them; and in his celebrated book he favors us with a whimsical cure for small-pox.—'Immediately after the eruption, cause the patient to be wrapped in red scarlet cloth, or in any other red cloth, and command everything about the bed to be made red. This is an excellent cure. It was in this manner I treated the son of the noble King of England, when he had the small-pox: and I cured him without leaving any marks.'"

John of Gaddesden flourished about the beginning of the 14th century.

Amongst medical writers of that period it was the custom to drop the sirname and attach the name of the doctor's birth-place. Thus we have Ricardus Anglicus, Alphredus Anglicus, John of Gaddesden, and John of Arden. Some of them latinized their English names, *e. g.* Andrew Borde became Andreas Perforatus.—*Mems. Maxims and Memoirs, by William Wadd, Esq., F.L.S., Surgeon Extraordinary to the King.—London, 1827.*

Sunday Sickness.—This alarming and prevalent malady was well known at the beginning of the century. It was described fully sixty years ago and unlike most of the acute diseases its type has remained unchanged. In the Boston *Medical Intelligencer* of 1824 the disease is described at considerable length under the name *Diei Dominici morbus.*

It is of an intermittent type and usually attacks the patient by violent paroxysms which return every seventh day. It may savour of superstition to mention it, yet it is an observed fact that these paroxysms return only on the Lord's day. On account of this periodicity, some have thought it to be a singular kind of ague, especially as it is attended with a certain degree of coldness, though the symptoms of shivering which are usual in that complaint are not present.

The paroxysms commence at different periods, but generally in the morning of the Lord's day. A coldness has first been noticed about the region of the heart and a dullness in the head. This is followed by yawning and a sort of lethargy.

This disease appears to stupefy those who are subject to it, so that however they may appear to suffer they are seldom if ever heard to complain. The author has known persons under other diseases mourn on account of their confinement from public worship, but the victims of this extraordinary disorder were never heard to do so.

Recovery is rapid. The next day the patient is as active as if he had never been subject to any kind of indisposition. He appears well until the approach of the next Sabbath; though most of the faculty agree that there is a low feverish heat to be perceived during the days of interval, which is called *febris mundi*, or the worldly fever. Those who are subject to this malady at times feel an access of chills, together with a most curious sensation of listlessness about the hours of secret retirement and family devotion.

There is reason to fear that it is contagious. Children have been known to receive the infection from their parents.

There is difficulty in finding a cause for these symptoms. On close investigation they have been found to have arisen from excessive indulgence, and feeding without reserve on the sour fruits of the flesh and the windy diet of the world. Persons who sit for many hours together in close rooms, with vain and carnal companions, are peculiarly liable to the malady. It has been observed that a great delight in cards and other games, a frequent attendance upon feasts, drinking clubs, and the circus, are among its certain forerunners.

As to treatment the writer was in doubt. He thought of prescribing draughts and boluses, but when he found his patients well and active in their business on the following day, he desisted from his treatment lest they should think he was forcing medicine upon them.

A Sound in the Œsophagus for Three Hundred and Five Days.—Krishaber reports a case of malignant disease of the œsophagus with stricture. In order to keep the passage open, an œsophageal tube was introduced and allowed to remain. The outer end was carried through the nose and attached to the forehead. After a time tolerance was obtained and the instrument was kept in until death occurred.—*Deutsch Med. Woch.*

THE

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Original Communications.

THE BACILLUS TUBERCULOSIS IN ITS PRACTICAL BEARING ON THE DIAGNOSIS, PROGNOSIS, AND TREATMENT OF THE DISEASE.*

J. E. GRAHAM, M.D.

Ever since the discoveries published by Dr. Koch more than a year ago, pathologists have been busily engaged, first, in testing the genuineness of the discovery, and secondly, in placing a proper estimate on the presence of these bacteria in the diagnosis, prognosis, and treatment of consumption.

With regard to the first point, the genuineness of the discovery, it must be admitted that so far, the great majority of the more distinguished pathologists have, by their investigations, strengthened the position taken by Koch, viz.: that the bacilli described by him are peculiar to tuberculosis, and that they are immediately connected with the production of the disease. The few who have arrayed themselves in opposition are, as he himself asserts, with two or three exceptions, men who have paid more attention to clinical medicine than pathology, and are for that reason unable to conduct these investigations with the delicacy and skill which are absolutely necessary in the solution of a question of this nature. When it is considered that Koch continued his investigations for two years after the discovery was made, before he published it, having at his command every facility for the proper carrying on of his work, and having at the same time a knowledge of bacteriology, perhaps superior to any existing scientist, one is surprised that men who have worked perhaps with interruptions for a few months, with very poor advantages, at a subject about which their previous knowledge was not very extensive, should be so ready to oppose themselves to the great discoverer. It may be safely said that the discovery has held its ground against any assaults which have been up to the present made upon it.

It is however with the practical aspect of the question that we, as physicians, are principally interested.

(1) Can phthisis be diagnosed by means of the presence of bacilli in the sputa?

(2) Has the number of bacilli any relation to the prognosis?

(3) Has the discovery aided us to any extent in the prevention and treatment of this formidable disease?

In answer to the first question, it might be said that a number of investigations have been made, and the result has been in the affirmative, that we can diagnose the presence of this disease, even in cases which would remain doubtful with our ordinary means of physical examination. You all know how difficult it is sometimes to diagnose phthisis from chronic bronchitic cirrhosis of the lung.

In cases of this kind, the discovery of the bacillus would be a sure evidence of phthisis.

* Read before the Ontario Medical Association.

The most important investigations which have been made so far, are as follows:

Balmer and Frœntzel (*Berliner Klinisch Wochenschrift*, 1882, No. 45) examined the sputa in 120 cases of phthisis and in that of all of them found bacilli. In cases of chronic bronchitis, they found none. They found the organisms most abundant in acute cases, and in those rapidly progressing.

Prof. D'Espine, of Geneva, found the bacilli in the expectoration of twenty cases, in whom the diagnosis of phthisis had previously been made. They were absent in five cases of chronic bronchitis, with emphysema. As the result of his experiments, Prof. D'Espine does not think that the number of bacilli is in proportion to the severity of the disease. He, however, is of opinion that they are always present in phthisis, and that several examinations should be made on different days, before the absence of bacilli should be considered certain.

Dr. Kowalski, in a paper read before the Medical Society of Vienna, stated that he has since May 1st, 1882, examined the sputa from 600 patients, and that he had not in a single case found the bacilli where tuberculosis was not present. He considers the presence of the bacillus to be a sure indication of phthisis, and that the number is in direct proportion to the severity of the disease.

Dr. Pfeifer, of Wiesbaden, in the *Berliner Klinisch Wochenschrift*, confirms the opinion of previous observers, viz.: that the bacillus is always present at some time or other in the sputa of tuberculosis and that they vary in number and size, in direct proportion to the severity of the disease.

In England, pathologists and physicians in practice have interested themselves very much on this subject.

Dr. West, at a meeting of the Pathological Society of London, gave the following conclusions reached after the investigation of over fifty cases:

(1) That bacilli were found in the sputa of all cases of phthisis in which there was excavation, and that they varied in number with the rate of destruction.

(2) That the arrangement in groups and masses indicated greater destruction than if the bacilli were isolated, unless the isolated bacilli were in great numbers.

(3) That he had detected no variation in size of the bacilli in different cases.

(4) That the bacilli being in his opinion evidence of destruction of the lung, they might, in some doubtful cases, be of diagnostic value, but that in most cases they were merely an additional confirmation of what was already clear from physical signs, and the same was true as regarded prognosis.

Dr. C. Theodore Williams read a paper at a meeting of the London Medical Society, February 12th, 1883. He, with his assistants, examined the sputa from 130 different cases. The results of his experiments agree with those already given with regard to the specific character of the bacilli. The fact that none were found in cases of bronchiectasis, in which the expectoration was extremely fœtid and abundant, separates the tubercle bacilli from the numerous organisms connected with fermentation and decomposition. As to the bearing of these on the prognosis of the disease, he does not think there is any definite ratio between the activity of the disease, and the number of bacilli, though as a rule they are few in cases where the disease is quiescent.

Dr. Whipham gave the results of the examination of twenty cases. They corresponded with those obtained by Balmer and Frœntzel.

Dr. G. A. Heron gave the results of the examination of the sputa of sixty-two cases. They were similar to those already given.

The general opinion of members of the London Medical Society appeared to be that bacilli were always found in cases of tuberculosis and in that disease alone.

Also, that they varied in number in proportion to the severity of the disease.

In America, pathologists have interested themselves more in the question of the etiology of the disease.

No series of investigations have so far been made to show the bearing which these bodies have on the diagnosis and prognosis.

In order that I might satisfy myself on these two points, I examined the sputa of 40 consecutive cases. The method of staining employed was Ehrlich's. The specimens were allowed to remain in the staining fluid about three-quarters of an hour at 100° F., and afterwards mounted in Canada balsam.

In the majority of the cases the sputa was brought from the hospital by Mr. Patterson, and examined before I had seen the case. The experiments were conducted in this way so as to leave the mind fully unbiased.

Of the forty cases, in about twenty the staining was done by myself, in seventeen it was done by Mr. Patterson, and in three by Mr. Foster. I examined all the slides myself, and also examined most of the patients.

I will now give you a brief history of these cases, together with the results.

Case 1.—Mr. S., my own patient. Physical signs show consolidation of a portion of the left lower and of the right upper lobes of the lungs. The disease is of four or five months' standing, and advancing rapidly.

On the first examination, the bacilli were found in limited numbers, on the second they were found in large numbers.

Case 2.—Miss G., my own patient. Case of rapid tuberculosis of three or four months' standing. Other parts of the body affected as well as the lungs. Few bacilli were found on first examination, but the second proved them to be present in large numbers. Between the times of these two examinations signs of breaking down of the lungs commenced.

Case 3.—Sputa sent by Dr. Cameron; case of advanced phthisis; patient has since died; bacilli found in very large numbers.

Case 4.—Sputa also sent by Dr. Cameron, with the following history: patient's father, mother, two brothers and two sisters died of phthisis. One brother living is subject to slight cough. In his own case the disease is of three years' standing; slight hæmorrhage at different times; pulse 124, temperature 101; bacilli found in large numbers.

Case 5.—J. F., Ward 13, T. G. H. No history accompanies this case; said to be one of phthisis; bacilli were not found.

Case 6.—B., Ward 14, T. G. H. Has had cough more or less for three years, and has lost flesh; expansion diminished on right side; evidences of consolidation; bacilli were not shown satisfactorily.

Case 7.—C., phthisis. No history; bacilli found on third examination.

Case 8.—J. T., T. G. H. Patient has cough; purulent sputa; evidence of consolidation; night sweats; loss of flesh, etc.; bacilli found in limited numbers.

Case 9.—W., Ward 5, T. G. H. Fifteen months' standing; tuberculosis in both lungs, with pneumo-thorax; patient has since died; bacilli found on third examination in limited numbers.

Case 10.—Miss. B., T. G. H. Patient died the day after the sputa were obtained; disease was undoubtedly phthisis; made two examinations and found no bacilli. It is probable that in this case the sputa came from the throat and not from the lungs, as the patient was very weak.

Case 11.—D., T. G. H. Has had cough for the last five years, and has expectorated blood occasionally during the last two years. The whole of the right lung is involved, and part of the left; bacilli found in large numbers on the third examination.

Case 12.—J. B., T. G. H. Had an attack of pleurisy five years ago; has not been well since; shortness of breathing; not much expectoration, with greatly diminished

expansion on the right side; dulness on percussion on the same side, with diminished breathing sounds; puerile breathing on left side; two examinations made; no bacilli in either case.

Case 13.—McG., Dispensary patient. Sputa sent by Mr. Foster; phthisis; bacilli were found in large numbers.

Case 14.—G., Dr. Stewart's case. Patient caught cold seven years ago, and has been ill ever since; night sweats; left lung involved; signs of cavity in the left infra clavicular region; bacilli not numerous, but very distinct.

Case 15.—T. W., Ward 10, T. G. H. Cough for six months; left lung involved, with signs of breaking down; bacilli found in very large numbers.

Case 16.—C., T. G. H. Upper part of left lung is diseased; not much breaking down; disease pursuing a chronic course; bacilli found in moderately large numbers.

Case 17.—J. R., advanced phthisis. Patient has since died; bacilli found in large numbers.

Case 18.—Sputa sent by Dr. Burns. A case of advanced phthisis; bacilli found in very large numbers.

Case 19.—F., T. G. H. Phthisis of six months' duration; both lungs are affected; patient died the day after the sputa was obtained; bacilli not very numerous.

Case 20.—Mrs. L., my own patient. Chronic bronchitis, with dilated bronchi; no bacilli were found, although two examinations were made.

Case 21.—Mrs. R., my own patient. She has suffered for years with chronic sub-cutaneous abcesses; suspect tuberculous deposit in the apex of the left lung; no bacilli were found, although three examinations were made.

Case 22.—C., my own patient. Suffering from slowly advancing phthisis; the bacilli were not numerous, but distinct.

Case 23.—B., T. G. H. A case of chronic bronchitis, with dilated bronchi; no bacilli; three different examinations were made.

Case 24.—M. T., a patient suffering from advancing phthisis; lungs breaking down; mother and brother died of the same disease; bacilli found in moderately large numbers.

Case 25.—M. S., my own patient, suffering from acute bronchitis, since recovered; no bacilli.

Case 26.—Mrs. D., also under my care. She has had cough for some years. This winter she has shown signs of phthisis. Bacilli, not numerous and small, but distinct. In this case the finding of bacilli was a material aid in diagnosis.

Case 27.—C., T. G. H. Left apex involved, other parts of the lungs healthy; bacilli not numerous, but distinct.

Case 28.—T. G. H. Patient suffering from emphysema and subsequent development of phthisis; bacilli found in moderately large numbers.

Case 29.—Large part of left lung involved; disease of a year's standing; bacilli not numerous, but distinct.

Case 30.—This and the two following cases were given me by Mr. Foster, who prepared the slides.

Dr. S. since died of phthisis; rapid disease; bacilli numerous.

Case 31.—Patient from House of Providence. Case of phthisis; bacilli numerous.

Case 32.—Also from House of Providence. Diagnosis doubtful; bacilli not distinct, if seen at all.

Case. 33.—G. came to me for consultation; rapid tuberculosis, with few physical signs in the lungs; bacilli not numerous but distinct. In this case the discovery of bacteria was of great assistance in the diagnosis.

Case 34.—B., my own patient. An undoubted case of phthisis of two years' standing; bacilli not numerous but distinct.

Case 35.—S., T. G. H. Patient suffering from phthisis; bacilli not numerous.

Case 36.—C., T. G. H. Has had cough for the past two or three years; has lately lost flesh. Examination of the chest re-

vealed the presence of bronchitis and emphysema. No bacilli.

Case 37.—N., T. G. H. Decided phthisis of ten months' standing; bacilli numerous.

Case 38.—T., T. G. H. Case of phthisis. No history; bacilli not numerous, but distinct.

Case 39.—C. B., Phthisis; bacilli numerous.

Case 40.—C. G., T. G. H. Phthisis of ten years' standing, which is now in an advanced stage; bacilli numerous. On examining these reports it will be found that thirty-three were decided cases of phthisis, three were of doubtful diagnosis, and four were cases of bronchitis, acute and chronic.

In the thirty-three cases positively diagnosed as phthisis, in thirty-one bacilli were unmistakably found; in one they were not distinctly shown, and in one (No. 10) they were not found at all, probably for the reason already given, that the patient was too weak to expectorate from the lungs. In the four cases of bronchitis no bacilli were found, and they were also absent in the three cases in which the diagnosis was doubtful. The undecided character of the diagnosis in two or three of the cases was owing to their having left the hospital. In the great majority of cases the bacilli were found on the first examination, but in many, two, three, and even four trials were made before they were found.

These investigations are of more value, as they were made by one in general practice, without any of the great facilities which belong to a pathological laboratory. They thus demonstrate the possibility of practising physicians using this as an additional means of diagnosis. Within the last two or three months Mr. Heneage Gibbs has discovered a much more rapid and simple means of staining, which will tend to its further use by the profession.

The following conclusions might reasonably be arrived at from these experiments:

(1) That bacilli are found in the sputa of almost, if not all, cases of phthisis. It is doubtful if there is any case of active disease in which bacilli will not be found, provided the sputa come from the lungs, and five or six different examinations are made.

(2) They are found on the first examination in three-fourths of the cases.

(3) The presence of the bacilli is a positive evidence of the disease.

(4) There are doubtful cases in which the examination of the sputa for the bacilli will be of decided value in arriving at a correct diagnosis. In three or four of the cases given the presence or absence of bacilli was to me of great assistance.

(5) As to prognosis, the number of bacilli is in proportion to the amount and rapidity of the process of destruction. There are cases in which there is a rapid formation of miliary tubercle, in which the sputa will show a small number of bacilli. As soon, however, as in such cases breaking down commences, the bacilli will be found in very great abundance. This fact was shown in No. 2.

(6) It might be said, as a general rule, that in the more chronic cases the bacilli are fewer in number and, I think, smaller. I must here express my thanks to Mr. Patterson for his valuable assistance in staining so many specimens.

Has this discovery had any influence on our treatment of the disease? Yes, in two particulars, the prevention and the cure. A most ridiculous argument has been used against the contagion theory of phthisis, that if it is proved to be correct, consumptive patients will not receive that care and attention from relatives as at present. There are very many ways by which the attendants on cases of phthisis could guard themselves from the disease without relaxing their efforts in administering all the comfort possible to the patient.

Rooms could be better ventilated, sputa ought to be disinfected and frequently removed. The attendants, more especially

if they also are predisposed to the disease, ought to take sufficient out-door exercise and try in every way to keep in a good state of health.

The results of experiments made on the lower animals with regard to this subject of contagion are in my opinion as conclusive as it is possible for them to be. Altogether apart from these however, there is sufficient clinical evidence to support this theory. In my short experience as a practising physician I have seen enough to convince me of the strong probability of contagion in this disease. I have for instance observed the following case. A young man of scrofulous family, a young woman of a strong healthy family and one noted for the longevity of its members. Two or three years after marriage her husband became phthisical and died after six months' illness. His wife who attended him faithfully during his illness in a few months afterwards developed the same disease which pursued a rapid course and terminated fatally. She was the only one of her family who suffered from Phthisis. My friend and former teacher, Dr. Richardson, of this city, who for the last thirty years has been a strong believer in the contagiousness of consumption, arrived at his conclusions entirely from clinical evidence. The following remarkable case came under his observation: A young lady the youngest of a large family of very healthy children, became very much attached to a friend who was suffering from Phthisis. For two months she was her sick friend's constant companion and slept in the same room. Shortly after the death of the latter, she too exhibited signs of tubercular disease and died within a year. The tuberculosis developed itself in her case very gradually almost imperceptibly, showing that it was not the result of Catarrhal Pneumonia. Now this young lady was the only member of that family who was known to have had phthisis, in fact a remarkably healthy record had been shown for generations back. She was as strong and healthy as the others previous to her stay with this consumptive patient. Is it not extremely probable that if this young lady had not come in close contact with the disease she would never have developed it? Would it not be proper with our present knowledge, to forbid such close intimacy which to all appearance was the cause of disease and death.

A mother suffers for some months and dies of phthisis. Two grown-up daughters wait on her. A short time afterwards the elder becomes consumptive and dies before the year is out, she is followed by her younger sister. A brother and sister who at that time were children under ten years of age, were all that remained with the father. They on account of their age and lively dispositions, were very little with their mother or sisters. One would suppose that the younger who was born a few years before his mother's death would be especially delicate. It was generally predicted that these two would follow their sisters when they arrived at the same age. This was not the case. They are now long past twenty and in very good health. They are liable of course to contract the disease if they should come in contact with it.

Take another case.—A family living in western Ontario, five of whom died of phthisis one after another. A brother who left home shortly after the first case appeared, escapes the disease and is now healthy and strong.

These are but a few of the many instances which I could give to support the probability of the contagion of Phthisis. You may ask how it is that in such a place as the Brompton Hospital, nurses and physicians should have lived so long in the building and not have taken the disease. In order to understand this, one requires to study the peculiarity of bacteria in the etiology of disease. Some forms are exceedingly delicate and will only grow between certain degrees of temperature and on a particular kind of soil. Take for instance the Microsporon furfur the parasite producing that disease of the skin Pityriasis Versicolor. According to Dr. Thin's investigations, this will grow only in

a certain range of temperature, and he experimented for weeks before he could find a soil in which he could successfully cultivate it. Such is also the case with the bacteria of tuberculosis. There is no doubt but that certain individuals possess a predisposition to the disease, and there is no doubt also but that close damp houses afford an atmosphere in which these germs luxuriate.

It is difficult to understand why very distinguished London physicians should be so opposed to the contagion theory. There are two reasons for this. They are as a class very conservative and perhaps slow to accept new views or theories. Consulting physicians have not the same opportunity to watch the course of the disease in families as the general practitioner. The instances of contagion in my opinion are as plain as those of Typhoid fever, Leprosy, or even Syphilis. How many are exposed to the contagion of Typhoid and do not contract the disease. It is probable that the germs of this malady are at all times floating in the atmosphere near the ventilators of sewers, and yet how comparatively few take the disease.

The history of Leprosy is a remarkable example of how the whole profession may be misled by the opinions of a few distinguished men. This disease was considered contagious beyond all doubt by the ancients and those of the middle ages. In modern times Hebra and a few others of note from necessarily limited observation gave the opinion that the ancients were wrong, that the disease was not contagious; but at the present time as the result of experience on this continent and the islands of the Pacific, the profession is rapidly returning to the old view, viz.: that it is contagious, and that cases should be isolated.

Thus it is seen that the arguments deduced from experience in consumption hospitals are not as strong or as convincing as one would at first suppose. Another feature in the etiology of phthisis and one difficult of explanation is shown in the following case:

A woman of tubercular parentage marries a man with similar antecedents. Nine children are born to them, every one of whom died of tubercular disease. Some in the earlier years of Tubercular Meningitis, and Tabes Mesenterica, while others at eighteen or twenty years of age died of Pulmonary Phthisis. In such an example it is difficult to understand how the children could become tuberculous at so early an age from outside influence. It is possible that they might have been infected through their mother's milk, or from the milk of diseased cattle. Dr. Watson Cheyne, in his experiments as given in the April number of the London *Practitioner*, found that when inoculations were made on pregnant animals the tubercular disease was not conveyed to the fœtus in utero. This is a point which needs further investigation. There are certainly cases in which it would appear that the germs might have been reproduced in this way.

As a result of this discovery it may be asserted that physicians are now more careful in the disinfection of sputa, ventilation of sick rooms, and in warning healthy members of a family from intimate contact with the disease.

If on the outbreak of the disease the one affected were immediately sent to a warm equable climate, we would not have the sad record of a whole family falling victims to this dreadful scourge.

The inhalation treatment is the direct outcome of the germ theory of Phthisis. A paper was read at the last meeting of the Association by Dr. Philp, in which the records of successful cases were given. In England there is a difference of opinion on this point. The experience of some has been negative, while others have had very good results.

In my own experience I have found respirators of benefit in allaying cough, but have seen no positive results in the cure of the disease.

NOTES ON THERAPEUTICS.

BY R. L. MACDONNELL, M.D., M.R.C.S., ENG.
Demonstrator of Anatomy, and Lecturer on Hygiene, McGill University, Montreal.

RESORCIN.

Intermittent Fever.—Dr. Ugo Bassi reports twenty cases in which this new remedy was used. Of these seventeen were entirely cured; two of the remainder were old and obstinate quartan types, while the third patient was in very unfavourable hygienic surroundings. In the successful cases it required but two or three doses to effect the cure. The quantity given varied between thirty and forty grains. Larger amounts were not found to do any good. The peculiar advantage of resorcin, in Dr. Bassi's opinion, is its cheapness.

Resorcin was first obtained in 1864 by Hlasiwetz and Barth, from galbanum resin, by fusing it with potassa. It is closely allied chemically, and in its physiological action, with phenol, its formula being $C_6H_6O_2$, while that of phenol is C_6H_6O. It is claimed, however, to be much less poisonous and much more agreeable in taste and smell.

It is a powerful antipyretic. Dr. C. Fürst, of Vienna, states that resorcin was given in more than three hundred cases of puerperal fever, occurring in the service of Professor Braun. It was administered in doses of forty grains, dissolved in water, repeated when necessary. The result was, almost without exception, to bring down the temperature nearly to the normal. After a few hours there was a rise again, so that a dose given, for example, in the evening had to be repeated in the morning. The fall in temperature was usually accompanied with profuse perspiration.

In Erysipelas.—Dr. A. Skibnevsky, of Moscow, has used injections of resorcin in erysipelas with good results. From ten to twenty injections of the five per cent. solution were given, with the result of lessening very rapidly the fever and checking the progress of the disease.

Dr. Andeer, of Wurzburg, has experimented with resorcin, externally applied, and finds that it is not absorbed by the skin. He made a fifty per cent. vaseline ointment, and used it in the treatment of some cases of anthrax. The ointment was applied to the pustules and covered with a gauze bandage. The results were remarkably favourable, the pains disappeared, and the diseased parts speedily assumed a healthy action. The drug does not cause hæmaglobinuria like naphthol, and develops none of the poisonous symptoms caused by its congener, carbolic acid.*

THE TREATMENT OF HEART DISEASE.

Mitral Regurgitation.†—When we are satisfied that there is due compensation, medicinal treatment may be entirely unnecessary. Much injury has been done by the shaking of the head of the auscultator over the subject of a mitral murmur, who, perhaps, was no worse at the time of examination than he was ten, twenty, or thirty years before, and who might continue uninfluenced for harm by his cardiac complication all his days. He should be cautioned against strain, against exposure, and against irregularities of diet, etc. He may be better occasionally for treatment by iron tonics, cod-liver oil, or strychnine. Special cardiac treatment is out of place. When compensation is beginning to fail, then certain agents are useful. Of these digitalis is *facile princeps*. Practically the tincture is the most reliable preparation. Digitalin gives good results especially, Dr. Sansom says, when administered hypodermically. The usual dose, when given in this way, is 1/50 gr. Such treatment cannot be carried out in private practice. Here I have found very useful the pilules of Digitalin of McKesson & Robbin (gr. 1/60). They are easy to swallow, and afford a change in medication agreeable to the patient.

* Condensed from the *New York Medical Record.*

† Lettsomian lectures on the treatment of some of the forms of valvular disease of the heart.—*Lancet, Feb. 3rd*, 1883.

1. Digitalis ceases to give relief when the right ventricle has dilated so far that there is marked tricuspid regurgitation. Good results in such cases have followed the administration of digitalis when combined with abstraction of blood by leeches or cupping.

2. *Belladonna* is useful in the treatment of failure of compensation in cases of mitral regurgitation when combined with or *occasionally* substituted for digitalis. It increases the power of systole and raises the arterial tension. It paralyses the cardiac terminals of the vagus*, and reduces irritability by an anæsthetic effect on the sensory nerves of the heart. Dr. Sansom has found satisfactory the hypodermic injection of 1/50 grain of digitalin with 1/80 grain of atropine.

3. *Casca*, so highly spoken of by Dr. Brunton in the Gulstonian Lectures of 1877, is no more beneficial in such cases as these, than digitalis.

4. *Caffein.*—This agent or its citrate, at first quickens, but soon after slows the heart's action; it increases the general arterial tension, and acts in a very pronounced manner as a diuretic in cardiac dropsy. Digitalis may be administered previously to, or in conjunction with, the citrate of caffein, and small doses (three grains) should be employed (Brakenridge). M. Huchard recommends that caffein, and not its citrate should be used, and that in larger doses (four to six grains) it produces diuresis more rapidly than digitalis, and has none of its nauseating effects.

Dr. Sansom has used citrate of caffein as a substitute for digitalis without any marked effect being manifest. In some cases it produces insomnia. He would, however, employ it in any case where a rapid diuretic effect was desirable.

5. *Convallaria majalis.*—Its action in promoting a stronger ventricular contraction is undoubted, but it is not in any way superior to digitalis.

6. *Morphia*, when combined with atropin or digitalin, and administered hypodermically, is often advantageous.

* "Atropin, in some way or other, does away with the normal inhibitory action of the vagus."—*Foster.*

CONVALLARIA MAJALIS.

This new drug seems to be holding its own against digitalis as a heart tonic and diuretic. At a meeting of the New York Medical and Surgical Society on Oct. 28th, 1882., it was spoken very well of. Dr. Van der Poel stated that he had administered eight minim doses of the fluid extract with good effect in a case of Mitral Stenosis, with insufficiency and irregular action of the heart. Digitalis was useless. The œdema disappeared in eight or ten days, the heart's action became more regular, and for some days afterwards he had seen the patient riding in the park. Also in a case of internal cancer accompanied with œdema of the extremities, lily of the valley was given with the result of causing the œdema to disappear; over two months had elapsed, and, though the anæmic condition was extreme, there had been no reappearance of œdema, the lily of the valley having been given daily.

Dr. F. Delafield had used the drug in a number of different cases, as in organic heart disease, chronic Bright's disease, feebleness of the heart in fever and pneumonia. It made the heart's action more regular and slower in a certain number of cases, and the general condition of the patient improved very much. He had found that there was a great difference between different patients as to the size of the dose demanded. For some patients ℥ v. of the fluid extract every three hours answered the purpose, while other patients required drachm doses. The most marked benefit he had derived from it was in the case of a woman over seventy years of age, who was apparently about to die of pneumonia. He took the risk of stopping alcoholic stimulants altogether, and gave her twenty drop

doses of fluid extract of the lily of the valley every three hours, and after this change was made the patient did very well indeed.*

CONCENTRATED SOLUTIONS OF SALINE CATHARTICS IN DROPSY.

From the results of experiments on the physiological action of saline cathartics now in course of publication in the journal of Anatomy and Physiology, Dr. Matthew Hay† concludes that a concentrated solution of a saline cathartic ought to prove of considerable service in certain forms of dropsy where owing to the great accumulation of transuded serum in vital parts and elsewhere, there is imminent risk to life and an urgent need for an immediate and active removal of a portion of the dropsical fluid by two channels: by the intestines and by the kidneys. It is almost perfectly certain that no other purgatives excite intestinal secretion so powerfully, and at the same time produce so little irritation of the intestinal mucous membrane as concentrated salines.

Several trials have been made in suitable cases of dropsy, and in most of them with very satisfactory results. One case is cited.

A lad aged 10 had been suffering for several years from heart disease. Dr. Hay found him propped up in bed being unable to lie down and showing signs of great distress. Breathing, rapid and shallow; great dyspnœa; frequent cough; ascites and general anasarca especially observable in the lower limbs. A loud mitral regurgitant murmur could be distinctly heard over the whole of the front of the chest. Pulse rapid, small, and weak. There was œdema of the lungs. He had been treated with almost every variety of renal and cardiac stimulant and at intervals with cathartics. He was then taking iron and digitalis. He had, two days previously taken a saline cathartic dissolved and diluted in the usual way, but with only slight relief. It was ordered that he should take as little as possible of food and liquids during the night in order to free the alimentary canal from digestive juices or other fluids and permit the full action of the salt. The following morning he took three quarters of an ounce of sulphate of magnesia dissolved in two tablespoonfuls of water, water was given afterwards. The next evening the patient was found lying quietly sleeping in his bed. The anasarca was greatly diminished and the dyspnœa had almost entirely gone, and his breathing was much slower; pulse less rapid; anxious expression gone. In less than an hour after the salt had been taken, its purgative action manifested itself, and there were repeated evacuations in the course of the next few hours; on each occasion the water seemed to "gush" from him. He passed an unusually large quantity of urine. On the following day, Dr. Hay found him on the floor amusing himself with the other children, and looking perfectly comfortable and happy, and except for his wasted and pallid features, showing little evidence of having been quite recently so dangerously ill. During the following month he resumed the digitalis and iron, and throughout this period he had no return of the dyspnœa and the dropsy was comparatively trifling. The family then left the country and no account was obtained of his further progress.

The conditions necessary for the successful administration of the salt are, that the nature of the dropsy should be such as to permit its full action. It is more useful in general than in local dropsies, and of general dropsies most beneficial in those dependant on a general stasis of the circulation, as cardiac dropsy.

The other requisite conditions are that the alimentary canal should be allowed to become as free from fluid as possible, and that the salt should be administered along with the smallest quantity of water. Sulphate of magnesia on account of its being soluble in less than its own weight of water, is one of the most suitable of the saline cathartics for this purpose. Sulphate of soda is, owing

* *The New York Medical Journal*, April 14, 1883.

† *Lancet*, April 21st, 1883.

to its greater insolubility in water (1 to 4), less suitable. The alkaline tartrates and Rochelle salt do not however present this objection, and may therefore be found useful. The phosphate of soda and the sulphate of potash are too insoluble to be of any service.

THE TREATMENT OF NEURALGIA.

Dr. Dujardin-Beaumetz* in a recent clinical lecture divides the therapeutic agents applicable to neuralgia into two distinct groups; the one addressed to the symptom pain which characterizes the neuralgia, the symptom treatment; the other directed to the cause of the pain, the pathogenetic treatment.

Symptom treatment is sub-divided into three groups. I. All medicaments which act by modifying more or less profoundly the functions of the nervous system, and which are described under the name of hypnotics, anæsthetics, analgesics, etc., such as opium, chloral, chloroform, and aconite. II. Medicaments which act by substituting for the pain, another pain, and constitute revulsive or substitutive medication, such as vesicatories, cauterizations, etc. III. Substances which experience has shown to have powerful anti-neuralgic properties, but the mechanism of whose action is not known, such as turpentine, guarana, and sulphate of copper.

Opium is most employed in the treatment of neuralgia and on subcutaneous injections of morphia we place greatest reliance. The injection may be made with equal advantage on the thighs, hips, or the fleshy part of the arm, wherever it can be made the most easily. Subcutaneous injections have one great disadvantage, and only one, the patient easily becomes habituated to them and resorts to the hypodermic syringe not to obtain relief from pain but an excitation which henceforth becomes a necessity. That will be a curious chapter of pathology, which shall describe the progress of morphomania in our times; it will show that it has almost always been the case that inveterate and deplorable habits of morphia taking have had their origin in the use of hypodermic injections of that anodyne in the treatment of neuralgia.

Chloral is one of the best anodynes, but it cannot be administered for any length of time to the same individual without determining by its caustic and irritant action a chronic inflammation of the digestive tube. Therefore the following combination per rectum will do good service. Take the yelk of one egg, beat it up with a gill of milk and dissolve one or two grammes of chloral. Administered in this way the chloral, however irritates in a few days the rectal mucous membrane and its use must be suspended.

Croton chloral and butyl chloral are given in the dose of thirty centigrammes to one gramme every three hours till the paroxysm disappears. Despite the advantages which this remedy possesses in tic douloureux, it is little used in the treatment of neuralgia.

Chloroform is a powerful remedy in neuralgia. It is used almost exclusively locally, occasionally, however, by inhalation in very severe cases. It gives especially good results when used hypodermically. Such injections should be made deeply into the cellular tissue or muscular insterstices of the painful region. Plunge your needle then, perpendicularly into the tissues and carry it as far as the guard at its proximal extremity. This mode of treatment is hardly applicable to any form of neuralgia except sciatica.

Aconite and aconitia give marvellous results in certain forms of neuralgia, and especially in facial neuralgia of the congestive form. Aconitia acts specially on sensory innervation, and in particular on that of the tri-facial. The aconitia granules of Duquesnel contain each one quarter of a milligramme of aconitia; you may give one of these granules every three hours till eight are taken in the course of twenty four hours.

* *The Medical News*, Philadelphia, April 14, 1883.

Crystallized aconitia is one of the most energetic poisons; and you ought rarely to exceed the dose of two milligrams a day; there are some patients even in whom, owing to their susceptibility to the drug, this dose cannot with safety be reached. Suspend the medicine when the patient complains of an uncomfortable constriction of the mouth and eyes, and tingling in the tongue, which are the first toxic manifestations.

When aconitia cannot be obtained then the tincture of the root may be employed. The tincture of the leaves is not to be relied on. Of the former ten drops every three hours may be given. Fleming's tincture is much stronger, and should not be given in a larger dose than five drops; at least as a commencing dose. The tincture is much inferior to aconitia—at least in the treatment of facial neuralgia. Dr. Dujardin-Beaumetz cannot too highly commend the alkaloid in prosopalgia; he has obtained cures in many instances and always an amelioration.

Gelsemium sempervirens, and gelsemin merit a place far below aconite and aconitia.

Electricity is one of the most active agents in the treatment of rebellious neuralgias. It modifies the molecular state of the nerves during its application, and sets up polar currents in them which prolong its effect; you need not be surprised then at its beneficial effect in neuralgia. Galvanic currents are much to be preferred. The negative pole is to be applied near the nerve centre, the positive pole (which is the truly sedative pole) may be moved over the different painful points of the affected nerve. When you are treating tic douloureux your currents should be very mild. In the case of sciatica the current should be much stronger.

As for the duration of the current, authorities are far from being agreed, some recommending prolonged, others very short sittings. The duration of the *séance* cannot be fixed in advance. The passage of the current should be continued till the pain disappears, or at least till some mitigation is obtained.

Hydrotherapy is one of the most active agents in the treatment of neuralgia. Cold water acts by modifying directly the neurility of sensory nerves, and promotes healthy circulation and nutrition. Dr. Dujardin-Beaumetz knows of no better means of arresting a paroxysm of neuralgia, or even of preventing the return of an attack than the douche.

Next in order come the surgical measures, which have a direct action on the painful nerve. 1. Neurotomy; 2. Neurectomy; 3. Nerve stretching.

1. The section of nerves is an old operation. Its results are generally temporary and disappointing; 2. Neurectomy. This method, which is only applicable to regions where the sensory and motor nerves are distinct, as in the face, has been signally successful in those painful affections of the fifth nerve, known as tic douloureux. Unfortunately, the results are sometimes negative. In these cases the neuralgia was undoubtedly central; 3. Nerve stretching. Generally after the stretching the pain disappears, but is liable to return in a short time; yet, in a good many cases, the benefit obtained is permanent. How does this elongation of nerves operate in the alleviation of pain? It is probable that the stretched nerves have a reactive influence on the sensory spinal centres, an influence which somehow favourably modifies the molecular state of the cells; this view receives support from the fact that very powerful tractions often do the most good.

AN ANOMALOUS CASE OF NERVOUS DISEASE.*

BY C. K. CLARKE, M.D.,
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H. A., male, æt. 46.—The history of the patient's antecedents not procurable from

* Read before the Ontario Medical Association.

any other source than himself. His mental condition is such that his statements may be accepted as perfectly reliable. He says that his father was subject to alchoholism, and in addition was a most passionate man—easily provoked, and quick to strike a blow when aroused.

The patient is of average height, of more than ordinary muscular development, enjoys good physical health, presents no feminine characteristics, and when free from his attacks is quiet and rational, although morbidly interested in his malady. If not prevented he will talk for hours upon the subject of his disease, and is ready to listen to any one who proposes a remedy.

Is easily irritated and cannot endure the jests of his companions—in fact is dangerous when provoked. Is generally inclined to find fault with everything, and never misses an opportunity of grumbling about his meals. As he is an Englishman, perhaps this failing may not be looked upon as a "pathological peculiarity." When not suffering from his attacks is allowed to go about the asylum grounds as he wishes, but another patient is detailed to keep him in sight, for fear of accidents.

Twenty-four years ago, while chopping in the woods, he accidentally cut his left instep with an axe. The wound united nicely, but seems to have been the exciting cause of his trouble, although the hereditary predisposition to neurotic disease was undoubtedly present. Shortly after wounding his foot he had a convulsive attack, of what nature we are unable to discover. Similar attacks occurred regularly from this time every three months until four years ago, when they began to increase in frequency, and the patient became so violent that he was committed to gaol as a dangerous lunatic, and afterwards transferred to the asylum. When taken to gaol he was so violent that it required eight men to control him, and it is said the prison authorities found him a troublesome visitor.

At present he has many convulsive attacks which vary in intensity and form to a remarkable extent. The most common type of seizure pursues the following course:

The patient's head is suddenly turned to the right, and fixed with the face directly over the right shoulder. The whole body becomes rigid and the man falls either upon his side or back—very rarely upon his face. The head now alters its position, is drawn directly backward, and the body forms an arch, the floor being touched with no other parts than the back of the head and the heels. The position of opisthotonos persists but a few seconds, when suddenly the patient is projected into the air and with astonishing rapidity describes several somersaults backwards. These movements are of the most violent character, and as may easily be supposed, terrifying to the onlooker, as the sufferer seems in imminent danger of injuring himself. He now stretches upon his back, utters groans and shouts, and invariably calls out, "Oh, that foot! that foot! that foot! it is the cause of all my trouble." The arms and legs are thrown about. The whole of the muscles are involved in a general tremor, but at no time are tonic or clonic convulsions present. This sequence of events occupies eight or ten minutes, and the attack ends, or a new one begins and follows the same course as that preceding it.

Of course all the seizures do not occur in the manner just described, and numerous modifications and deviations are seen. For example, rapid rolling upon the floor takes the place of the somersaults at times, and occasionally projective movements are absent altogether. At the same time the description given is applicable to the majority of his attacks, if we except those of mild form, resembling "petit mal," and which do not result in disturbance of the muscular system.

Strange to say the patient is almost invariably affected during the day-time, but if it so happens that a seizure occurs during

the night, the most extraordinary contortions are performed in the bed, and it is a fact worthy of particular notice that the sufferer invariably manages to avoid falling from the bed to the floor. Under any circumstances it is a rare thing for him to injure himself, no matter how violent the projective movements are, and he seems to guard against accidents with a degree of certainty that is surprising. He does not froth at the mouth, never bites his tongue, and has fallen upon his face but twice during his stay in the asylum.

The history of an attack would not be complete without a description of the prodromic sensations experienced by the patient. Sometimes for days before a seizure he will complain of a strange feeling which is localized in a particular zone of the epigastric region. This point is occasionally painful under pressure. Immediately preceding an attack an aura originates in this epigastric zone and ascends rapidly to a point behind the left ear. When this spot is reached the patient falls. Occasionally the aura ascends from the usual spot to the throat, and then feels as if something like a ball were rolling up. When a convulsive period is avoided the aura pursues an extraordinary course. It is first felt in the epigastric region, ascends to the right shoulder, descends upon outside of right leg to the foot, ascends inner side of right leg to chest, crosses to the left and descends to the left leg to the scar upon the foot, where a peculiar snap seems to take place and the attack is over. At times he complains of a sense of compression about the throat (globus hystericus) succeeding the aura, but more frequently of contractions in the back and neck. He admits that he is conscious to a certain extent during the latter part of a seizure, and his actions seem to corroborate the statement.

Such is the history of a case which until lately proved exceedingly difficult of classification. That it was not one of true epilepsy was evident, although it seemed on the borderland of that disease, and we were forced to leave it unclassified until a few weeks ago. The recent researches of Dr. Seppelli, the eminent Italian Alienist, offered a solution to the difficulty, and we have now no hesitation in calling the case one of hystero-epilepsy. Of course there are those who will deny that hysteria in a simple or exaggerated form exists in males, but the weight of evidence is against their cause, and we meet with many cases which must be grouped under the headings hysteria and hystero-epilepsy until more appropriate names are coined, and generally acknowledged.

In our patient the convulsive attacks have shewn a tendency to assume graver form as time advanced, and it is possible may in the future take a more marked resemblance to true epilepsy.

The reasons for classifying the case as one of hystero-epilepsy, rather than one of epilepsy are many, and in complete accordance with the prominent diagnostic features detailed by Seppelli.

The first point to be considered in the differential diagnosis is the occasioning or determining cause taken in connection with hereditary predisposition. From what little we can learn of the patient's antecedents there is good reason to believe that there is at least a trace of hereditary defect in his nervous organization, and the determining cause of disease a wound of the foot is quite characteristic of hystero-epilepsy.

The next link in the chain of evidence is that formed by the history of the prodromata of attacks. These forerunners are sometimes auræ of globus or auræ of peculiar description and unusual length, beginning from a fixed point in the epigastric region. This point in the epigastric region plays an important part in all of his attacks, and sometimes resolves itself into a true "painful zone,"—that is to say pain is felt when pressure is made over this particular spot. Sometimes an aura is described by the patient as a feeling as if a

ball were rolling from the epigastrium to the throat, and then again the ball is felt in the hip.

We have next to consider the manner of falling. In epilepsy it is commonly observed that a patient almost invariably falls upon his face. There are few exceptions to the rule. In any case, this man always falls either upon his side or back —never upon his face unless some accidental circumstance prevents him falling in other directions.

The most important point in the differential diagnosis is that relating to the absence of true convulsions, either tonic or clonic. We have never yet been able to observe any true convulsive spasms in patient's muscular system during an attack. Instead, we have a condition of opisthotonos, followed by violent projective and anomalous muscular movements. Seppelli ranks these contortions as among the most prominent characteristics of hystero-epilepsy.

Striking facts in connection with the case are that the man never injures himself, no matter how violent the seizure, and never falls out of bed, although the most terrible contortions are gone through. These taken in connection with the statements made in regard to consciousness during attacks, are strongly opposed to a diagnosis of true epilepsy. That the man is partially conscious is without doubt, and on several occasions he has asked that a medical man be sent for, to help him. It is rare, indeed, that consciousness exists during an epileptic attack, and when it does, the case is generally a mild one, in which clonic convulsions are the most marked feature.

The last point worthy of note is, that a seizure is not ended by coma, or sleep, but the patient rises from the floor bright and active as usual, and the only change noticeable in his deportment is that he is slightly more irritable than before.

In Ontario there are not many recorded cases of hystero-epilepsy occurring in males, and it is possible that those met, have not been recognized. We have seen but three men in whom the disease was suspected. In one, convulsive attacks—opisthotonos and unconsciousness were the prominent features—in another the seizure was followed either by paraplegia or hemiplegia of evanescent type. Unfortunately no records of these cases were kept.

Beyond doubt, this remarkable disease exists in a proportion of cases not yet accurately determined, and we are of the opinion that close observation will reveal diagnostic points as well defined as those of other maladies.

Selections: Medicine.

Ichthyol Therapeutics.—P. G. Unna, who has been experimenting with this agent for some time in skin diseases, has lately been using it for other affections with very promising results.

In the treatment of acute and chronic joint rheumatism, it is of very great value. The painful joint is pencilled with an ichthyol-vaseline, varying from 10 to 50 per cent. in strength, twice a day, and then wrapped in cotton wool. No other remedy known at present yields better results.

In painful affections of the muscles as lumbago, he has tried it with good results. For this purpose a tincture made of ichthyol 10 parts, ol. ricini 20 parts, and spirits 100, is freely applied by rubbing or in the form of spray, and the part afterwards covered with cotton wool. In Unna's hands it has been more successful in lumbago than any other agent.

In bronchial affections he has made a fair trial of ichthyol. He puts a teaspoonful in one to two liters of water in a narrow deep vessel, and then places it in the mouth of a kettle or some other means to throw off the steam, this is inhaled for 10 or 15 minutes at a time. In a case of laryngeal phthisis, this was used with great relief to both subjective and objective symptoms. For laryngeal troubles he now employs a mixture of ichthyol 5, æther and spirits each 50, as a spray.

In the specific catarrh of the urethra or gonorrhœa, he has employed the same agent with success. A watery emulsion containing one per cent. ichthyol is injected

into the urethra. This almost completely relieves the pain and smarting in the first day.

In a great variety of skin affections he employs the following mixture:

Ichthyol, 10.
Ol. Olivæ.
Aq. Calcis, āā 100.

Mix and shake when used.—*Deutsche Med. Zeitung, 26th April, 1883.*

M. Béchamp was astonished to hear a savant like M. Bouley declare that in his opinion man and animals differ neither histologically nor physiologically, that there is only one physiology, and consequently only one pathology. Nothing is more inexact than this proposition. If we take, says M. Béchamp, the product of the same gland, the parotid, and look at it in man, the dog, and the cow, it will be seen that the saliva from the human parotid, in contact with starch, possesses the power to turn the starch into sugar; the saliva from the parotid of the dog and of the cow has no such power. Thus in spite of the morphological identity of the organ the physiological action is entirely different. It is the same with the pancreas called the salivary gland of the abdomen. On the other hand, from researches recently made by M. Béchamp, it results that two glands anatomically and histologically different, such as the mammary and the parotid, possess the same sugar-forming power upon starch. He has recognized that in the milk from the mammary gland of the woman there exists a zyma which exercises upon starch a sugar-forming power, just as active as that of the parotid saliva. The milk of the sheep and of the cow do not possess this saccharifying property peculiar to human milk. According to M. Béchamp the last term of organic activity is the microzyme. He has cultivated the microzymes of the organism and has seen them evolve into bacteria. The microzymes of the healthy organism—say of the pancreas—may have an action as deleterious as the most virulent poison. It is therefore utterly impossible to draw conclusions from animals to man, either of a physiological or pathological character.—*L'Un. Méd.*

Acetonæmia in Saccharine Diabetes.—According to the closely followed observations of six cases, Jaenicke (*Deutch Arch.: f. klin. Med.*) concludes that the presence of ethyldiacetic ether in the urine is the result of an exaggerated meat diet. Thus the characteristic odour of the expiration, communicated by the acetone, coincided with the increase of meat in the regimen; twenty-four hours, forty-eight hours at the most after an alteration of the diet in this respect the reaction to the perchloride of iron appeared in the urine, it became less and less marked according as the meat diminished, disappearing forty-eight hours after the establishment of a mixed diet. Such is the absolute rule for all diabetics of low condition treated at the hospital. From day to day a nourishment almost exclusively animalized replaces the miserable vegetable flesh of the poor, whilst the cessation of all work restrains the combustion which it is necessary to encourage. The increase in the blood of nitrogenized excrementitious matters, and the gastro-intestinal troubles resulting from such a condition of things, eventuates in the production of that badly-determined and hypothetical body, Ethyldiacetic ether, of which acetone is a derivative. The researches of the author confirm absolutely the toxicity of this first body.—*L'Un. Méd.*

Bruit de Galop.—There exist two *bruits de galop*, the left or nephritic galop, and the right or gastro-hepatic galop.

The clinical distinction between these two *bruits* is made by their situation and by the character of the pulse.

The galop of the left heart has its maximum seat in a region limited on one side by the apex of the heart, on the other side by the left border of the sternum and upwards by the second left intercostal space; further it coincides with a manifest accentuation of the diastolic bruit at the base of the heart at the second right intercostal space—that is, at the level of the aorta.

The right galop has its seat of maximum intensity over the inferior portion of the sternum at the epigastrium, and coincides with a very marked strengthening of the second sound at the second left intercostal space—that is, over the pulmonary artery.

The pulse which accompanies the left galop is hard, full, incompressible in relation with the extreme intra-aortic tension—in the right galop the pulse is soft, feeble, depressible, the index of a feeble pressure in the arterial system.—*L'Un. Méd.*

The Treatment of Zymotic Pyrexia by Inhalation.—In the *London Lancet* for 9th June, Dr. B. W. Richardson records his treatment as far back as 1853 of a case of phagedænic croup by the inhalation of chloroform vapour combined with that of ammonia. This he had resorted to with the theoretical hope of preventing the separation of fibrine from the blood in the heart, and the resultant obstruction to the circulation which he had noticed in fatal cases. In this case the patient was six years old, the inhalation was kept up for 14 hours, food being administered *per rectum*, and the child recovered, the fever and acute symptoms subsiding rapidly. Dr. John Snow was a witness of the experiment, and used often to refer to it in commendatory terms, and urged the experimenter to persevere in that direction. Dr. Richardson had experimentally proved the remarkable antiseptic power of the vapours of chloroform and ammonia, separate and combined, and shewed to the Medical Society of London a specimen of blood which he had perfectly preserved in a fluid state and free from decomposition for a period of twenty years. His method of treating the zymotic fevers by this plan is thus described by him: I take an alcoholic solution of ammonia (838 alcohol saturated with ammonia) and mix it in equal parts with chloroform or methylene bichloride. When the solutions are mixed, any separation of water that may occur is removed, and in this way a clear mixture of ammoniated chloroform is obtained ready for use. In administering this compound by inhalation of the vapour I put two fluid drachms of it into a small Wolf's bottle, and connect the bottle with a leather inhaler, armed with an expiratory valve. The mouthpiece of the inhaler is held close to the mouth, and the patient is instructed to inspire until bubbles of air are drawn pretty freely through the fluid in the bottle. The inhaler is in this manner charged with the vapours which are drawn into the lungs. * * * The effects of the inhalations seem to me to extend in four directions:—1. Under the sedative action of the narcotic relief from pain is obtained, and repose, if not actual sleep, is secured. 2. Under the combined influence of the vapours there is reduction of temperature. 3. Under the influence of the ammonia there is a sustained fluidity of the blood and a production of freedom of secretion. 4. Under the action of the combined vapours there is an antiseptic result which is always favourable.

Tubercle Bacilli.—Prof. Riegel and Dr. Kredel state that in every example of genuine phthisis they found the bacilli, using Ehrlich's Method of staining. In no case of lung trouble other than phthisis did they find the organism.

The bacilli may be temporarily undetected, though tuberculosis be present.

The bacilli were found in the stools of cases where the intestines were diseased.

That on several occasions they found the bacilli in the urinary deposits.—*Deutsche Med. Zeitung.*

Dr. T. J. Reid, in the *Louis. Medical News*, relates a case of typical vaccinia resulting from a nævus on the back of the right index finger being wounded against the tooth of a sucking calf. In the propagation of vaccinia to the cow, he suggests that the fresh saliva of a calf is a more natural method than the *grease*, a disease of horses' heels. He calls for investigation and experimentation.

[We would suggest that the first step in the investigation should be into the condition of this cow's udder, as to the presence or absence of cow-pox.—Ed.]

Jequirity Ophthalmia.—Dr. H. Sattler, of Erlangen, in reviewing L. DeWecker's article on Jequirity in old granulations, says that if one gramme or 10 to 12 seeds be infused in 200 cc. of water, a suitable strength will be obtained. He says the covering must be removed from the seeds, and then macerated for 24 hours. He has found even one application of this sufficient to excite the inflammation required to destroy the granulations.—*Wien. Med. Woch.*

Tubercle Bacilli.—Dr. N. Wobly, after a careful study of 53 cases of phthisis, comes to the following conclusions:

1. The appearance of tubercle bacilli in the sputum of a fever patient is a sure sign of destruction in the lung, even though there be no objective symptoms discernible.

2. The absence of bacilli does not yet prove that there is no tubercle present.

3. As to prognosis the bacilli have no special significance.—*Deutsche Med. Zeitung.*

Distilled Water in Eye Lotions.—In the *Practitioner* Dr. Paul M. Chapman claims that distilled water is not in all cases the best vehicle for eye lotions. He says: "I have tried the experiment on myself and on many of my friends, and the answer is always the same, viz., that the introduction of distilled water into the eye is attended with much discomfort and smarting, while with normal saline there is no noticeable effect whatever. The practical deduction is this, which I have also verified, that the addition of 2½ grains of chloride of sodium to the ounce of distilled water renders any lotion intended to be of a soothing character much more beneficial."—*Phil. Med. and Surg. Reporter.*

M. J. Averbeck, Ph. G., in the *Pharm. Record* recommends the following as an excellent excipient in pill-making: "Tragacanth, one part, glycerine, two parts, water, two parts. Place the ingredients in a water bath, heat for ten or fifteen minutes, and a clear jelly results. About one part of jelly to four parts of material is sufficient to form a mass.

An Improvement in Litmus Paper.—Dr. Squibb has substituted for the ordinary blue and red litmus paper a single colour, viz., purple. This purple litmus paper turns red with acids, blue with alkalies. It is claimed to be much more delicate and convenient.

Surgery.

Operative Treatment of Cancer of the Tongue.—The steps of Billroth's method are as follows: Both lingual arteries are first ligatured; the mouth is then kept open by a speculum, and all diseased teeth opposite the ulceration are extracted. The gum is next separated from the inside of the lower jaw with the raspatory. Excision of the floor of the mouth is then effected by means of scissors and forceps. The bleeding points are ligatured, and the tongue, being drawn forward, is finally extirpated. After the separation of the organ, permanganate of potash, either in powder or in watery solution, is applied to the wounded surface, and a drainage-tube, of the thickness of a finger, is inserted through the floor of the mouth. Through this the various discharges escape, and diphtheria of the mouth, cervical phlegmon, and broncho-pneumonia do not occur in such cases when properly drained. The patients are fed by means of a stomach-tube, until the drainage opening has quite closed.

The proceeding is not so severe as the methods of Langenbeck and of Regnoli and Czerny; and the immediate results of the operation are more favourable than by any other plan, viz.: 84.2 per cent. of recoveries. The deaths were caused by septicæmia (acute or chronic) or by pyæmia. In seventy-one cases ten radical cures have been obtained (14 per cent.) by Prof. Billroth; while in 373 instances of mammary excision, only fifteen radical cures have resulted. —*Lon. Med. Record.*

Spina-Bifida—Robson's Operation.—In the *N. Y. Record*, June 16th, Dr. R. T. Hayes, of Rochester, reports a successful case of spina bifida treated after the method of Mr. Robson of Leeds. The patient was a female æt. 9½ weeks. Tumour in lower dorsal region nearly the size of a hen's egg. Patient chloroformed. The skin was divided, and with subcutaneous fat dissected back on each side. Sac first aspirated, then freely opened; superfluous portion of membranes removed, and union formed by six uninterrupted cat-gut sutures. Twenty small grafts of fresh periosteum from a rabbit were introduced on the surface of the membranes, and the external flaps with fatty tissue trimmed and closed. The collapse at time of operating was alarming, but after rallying recovery was rapid.

Ligature of Arteries.—Dr. John H. Packard, before the American Surgical Association referring to the ligation of arteries, opposed the common opinion that an artery must be exposed to view before being tied, except with regard to certain vessels, such as the subclavian and axillary, where a ligature might be placed upon the brachial plexus by mistake, but where the vessel can be easily isolated complete exposure to view is unnecessary. He exhibited an instrument for use in passing a ligature, which he calls a detached artery needle—simply a blunt needle, somewhat sharply curved and roughened near its blunt point, so as to afford ready hold to a pair of forceps.—*Phil. Med. Times.*

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JULY, 1883.

THE MEETING OF THE ONTARIO MEDICAL ASSOCIATION.

The June meeting of this Association was, upon the whole, a very successful one. It was probably the largest meeting of medical men ever held in Canada, there being one hundred and forty present.

The prospects were not the brightest at the commencement. Nothing was ready; everything was confusion. The secretary who is usually equal to an emergency, appeared to have temporarily lost his *savoir faire* and a small portion of his suavity. The president was absent, from illness. However, Dr. Richardson was called to the chair, and soon brought order out of chaos. After this everything ran very smoothly and peacefully, until the last afternoon, when some rather warm discussions arose on points of order, rules of procedure, etc., with the usual results of wasting valuable time.

The cases presented were all interesting, and the papers, on the whole, were fairly good. Some of the discussions were quite animated and conducted with ability.

All things considered, this young society has every reason to feel proud of the position it now occupies, and we feel sure it is destined in the near future to do incalculable good to the Profession of this Province.

THE CONVERSAZIONE.

As the annual exhibition of the Academy of Arts, which, by the way, reflected great credit on that worthy organization, was in progress, the happy thought was conceived in the minds of some individuals said to compose the committee of arrangements, of getting up a cheap picture show on the evening of the second day. A large number attended, but the overpowering heat and crowded condition of the rooms prevented anything like a thorough inspection of the paintings, and the distinguished assemblage vainly struggled to keep cool and look pleasant. We were told, however, that many enjoyed themselves very much, and are pleased to know that such was the case.

NEXT PLACE OF MEETING.

We are very glad that Hamilton has been chosen as the next place of meeting. The profession of that city took a very active part in the organization of the Association, a number having come to Toronto before the first meeting to confer with physicians in Toronto and arrange preliminaries. Since that time they have taken a very hearty and active interest in its proceedings, and have done much to place it on the substantial basis it now possesses.

THE MEETING OF THE ONTARIO MEDICAL COUNCIL.

This year's meeting was a quiet and rather uneventful one. The most important matters brought before the notice of the members were not finally settled. The Council might safely have acted on the suggestion of the retiring president, Dr. Bray, particularly with reference to the time for passing the matriculation examination, etc., to allow students to matriculate at any time before graduating, although, at the same time, requiring a four years' course of study in medicine.

We were much pleased with the endeavour of Dr. Edwards to compel students to show evidence of having *efficiently* acted as clinical clerks on going up for final examination. Twenty complete reports might be considered a large number, and would certainly throw a great deal of additional work on the hands of conscientious examiners.

Another important question brought before the meeting was the advisability of establishing a summer session, and making attendance at the same compulsory. Such a step would be a great benefit to the students, and is worthy of the most careful consideration. We think it would be well, however, to first enforce attendance on four winter sessions, as now required by the Council. It is of course well known that quite a large proportion of our students take only a three years' course, obtain their degree, and then go to the old country for a degree which will entitle to a license here. Of course such students have the time-honored doctor's certificate for a year's study, which is generally as worthless as it is fraudulent.

It might also be well to let the schools work a little longer at their summer sessions, and make them universally popular before these courses are made compulsory. Such changes are often more satisfactory when gradually brought about. We would not like to see a summer session of four months, because our *much-examined* students, especially those who go to the Toronto University, are not free until the last week in April; and a four months' session thereafter will take them through July and August. This would be too much to ask from either teachers or students. When, however, the Council can demand attendance on a short summer session of ten or twelve weeks, both the Profession and the public will be gainers thereby.

These questions are left in the hands of a special committee, as will be seen in our report of the meeting.

Our cordial thanks are due, and are hereby tendered to Dr. Alex. McPhedran, late Recording Secretary of the Toronto Medical Society, for his full and excellent Reports of the Meetings of that Society, contributed to our columns throughout the year. We are indebted to Dr. J. T. Duncan, the present Secretary, for the Report which appears in this issue.

THE PAPERS READ BEFORE THE ONTARIO MEDICAL ASSOCIATION.

When the Publication Committee of the Ontario Medical Association was convened after the last meeting of the Association, it was a matter of no little surprise to the members of the Committee to find that only four or five papers had been deposited with the Secretary. Readers of papers, therefore, who have not already done so, will confer a favour on the Committee by transmitting them without delay to Dr. J. E. White, 185 Carleton St., the Secretary of the Association. We observe with regret that the paper read by Dr. Woolverton, of Hamilton, on Fatty Diarrhœa, has already been published in the last issue of the *Canada Medical and Surgical Journal* of Montreal. Not that we regard the columns of our excellent contemporary as an unsuitable medium for its publication, but because the act constituted an unauthorized interference with the rights and property of the Association, and an unwarrantable disregard of the existence of a committee which has always met punctually, discharged its functions properly, and reported duly. We do not for one moment suppose that if Dr. Woolverton were for any reason particularly desirous of having his paper appear in the *Canada Medical and Surgical Journal*, the Committee on Publication would have offered any objection even although that journal is not published within the Province; but we do think that the committee has just cause of complaint in that the common courtesy of craving its concurrence was calmly and complacently omitted.

The *New York Medical Record* says:—"We are informed that it is a matter of frequent occurrence for some physicians in the North-west, in regular standing subscribers to the Code of Ethics of the American Medical Association, to get a free advertisement by letting their brilliant exploits in surgery be published in the newspapers. We trust that we may be permitted to inform them that such conduct is not becoming physicians or gentlemen."

THE SUPPRESSION OF QUACKERY.

Some time was spent at the last meeting of the Ontario Medical Council in discussing the ways and means of the suppression of quackery in the Province. The motion to appoint a public prosecutor was not sustained, and it now remains incumbent upon each representative of a territorial division to nominate a prosecutor for his district whenever occasion may arise. Dr. Grant's proposal to tax every quack advertisement in the newspapers appears to us to be quite impracticable, and, even if feasible, totally insufficient. Personally we agree with Dr. Lavell in advocating free trade in medicine, holding it to be the inalienable right of every British subject to be fooled to the top of his bent when so inclined. Dr. Geikie's proposal that quacks should be taxed in the same way as pedlars and circuses, was one of the absurdest suggestions we ever heard emanate from a sensible man, to say nothing of the more than questionable morality of legitimising the nefarious traffic of the charlatan for a small pecuniary consideration. With Dr. McCammon we are in full accord in thinking that the most dangerous charlatans are those whose names appear upon the Register, and the common sense remedy is, as he suggested, to appeal to Parliament to amend the Medical Act by conferring upon the Council power to erase a man's name from the Register for any conduct "infamous in a professional respect." The General Medical Council of Great Britain now possesses this power, and occasionally exercises it with beneficent effect. Our cousins in the State of Illinois have so contrived things that the other day two gentlemen were admitted to the Register upon (bogus?) diplomas, one from Glasgow and the other from Edinburgh, and, it appearing from newspaper advertisements shortly after that they had entered into co-partnership to practise charlatanry of the first water, Dr. John Rauch, the indefatigable secretary of the State Board of Health, in whose hands the power of registration lies, at once had their names removed from the Register; within twenty-four hours legal proceedings had been instituted against them, and the quacks had moved to an adjoining state. The Medical Council and the Medical Register exist rather for the benefit of the people than of the profession. To be sure the one-portal system possesses the advantage of securing a uniform minimum qualification which doubtless elevates the standard as a whole; but the penal clauses of the Act, even if they were not inoperative, would not redound to the personal advantage of the profession. It is not, however, asking too much, to demand that when a member of the profession pays in his annual dues he shall receive in return therefor a *bona-fide* assurance that on the register recognized by law his name shall not appear in juxtaposition with an advertising quack's; and that the list shall be so purged and guarded that the very fact of a man's name appearing on it shall be *prima facie* evidence of his incapacity for anything "unbecoming a physician and a gentleman."

THE AMERICAN SURGICAL ASSOCIATION.

The Fourth Annual Meeting of this young Association of American Surgeons met in Cincinnati, on the 31st May, and 1st and 2nd of June, under the Presidency of that Surgical Nestor, Samuel D. Gross, M.D., LL.D., D.C.L. The meeting was a complete success; a number of interesting papers were thoroughly discussed. Seven new members were elected, there being eleven vacancies; but a proposal to increase the membership from 100 to 150 was rejected. Dr. E. M. Moore, of Rochester, N. Y., was elected President, and the Secretary was instructed to write to all fellows requesting them to resign if they could not subscribe to the Code of Ethics of the American Medical Association.

THE AMERICAN MEDICAL ASSOCIATION.

The Thirty-fourth Annual Meeting of this Association was held in Cleveland, O., on the 5th, 6th, 7th and 8th ult. Socially and in point of numbers it was an almost unparalleled success; it being, with the exception of the New York meeting, the largest gathering in the history of the Association. The far-famed beauty of the City of Cleveland, the well-known hospitality of its citizens and the burning question of the Codes (on which action was anticipated) all doubtless contributed to this result. The meeting was presided over by the veteran, John L. Atlee, of Lancaster, Pa. The members when registering were all required to sign a declaration of adherence to the Code of Ethics of the Association. A communication was presented by Dr. John S. Billings, U. S. A., from the British Medical Association, and Dr. Mahomed, soliciting co-operation in the "Collective Investigation of Disease." The addresses and papers in the various sections were full of interest and quite up to the average in point of merit. The report of the Association Journal Committee was received and adopted. Dr. N. S. Davis, of Chicago, was appointed Editor, and he nominated Dr. Wm. Lee, of Washington City, as his assistant. Chicago is to be the place of publication, and the first number of the Association Journal will appear about the first of July. Dr. Austin Flint, sr., was elected President for the ensuing year, and Washington was fixed upon as the next place of meeting on the first Tuesday in May, 1884.

THE F.R.C.P., LONDON.

It is our pleasurable duty to record this month the fact of the election of our distinguished countryman, Prof. Wm. Osler, to the Fellowship of the Royal College of Physicians of London. This is a distinction to which few men of Dr. Osler's age attain, and which is now held by but two resident Canadians of any age. Our felicitations are, therefore, in the first place due to Dr. Osler, on account of this eminent and justly merited recognition of his industry, talents, and accomplishments; and in the second place we congratulate the Profession, in this Dominion, upon this further proof, that although sequestrated in a comparatively obscure field of labour, good work well done will not wholly escape observation and recognition, and that persevering efforts to advance our science need not despair of requital from at least one fountain of honour in the home of Harvey and of Hunter.

The Convalescent Wards of the Toronto General Hospital, to the establishment of which allusion was made some time ago, have been completed and were formally opened on Saturday last. The occasion was marked by a large gathering of those interested in the Hospital at the opening ceremony, and all expressed themselves as much pleased with the building and arrangements. The institution will doubtless prove an immense boon not only to the convalescents themselves but also to the sicker inmates of the wards, by relieving these of a large amount of air-contamination during the day. The Medals and Awards to the graduating Nurses in the Training School were at the same time conferred.

The Medico-Legal Journal, published under the auspices of the Medico-Legal Society of New York, is now upon our table, and we welcome it to our exchange list. It is a Quarterly devoted to the science of Medical Jurisprudence and has no fellow in the world. Its first issue appears in attractive form, is well edited and beautifully printed. The subscription price has been fixed at $3, to secure the widest possible diffusion. The society under whose auspices it is issued requests all superintendents of Asylums, Judges, District Attorneys, and others, in either law or medicine, throughout the United States and Canada, to communicate papers, facts, or cases of medico-legal interest to the society.

Meetings of Medical Societies.

THE MEETING OF THE ONTARIO MEDICAL ASSOCIATION.

The third annual meeting of this Association commenced in the theatre of the Normal School on Wednesday morning, June 6th. Dr. Macdonald, the President, being prevented by illness from being present, Dr. J. H. Richardson, on motion, occupied the chair.

A communication was read from Mrs. D. B. Chisholm, President of the Ontario Women's Temperance Association, with reference to the use of alcoholic stimulants. It was referred to the Committee on Public Health. After the receipt of the reports of committees on arrangements, publication, etc., the meeting adjourned.

Afternoon session, 2 o'clock.

The second Vice-President, Dr. D. Clark, occupied the chair.

Dr. Burt, of Paris, presented a patient in whom he had successfully treated traumatic tetanus by neurectomy.

Dr. Campbell gave a history of a case of primary lateral sclerosis.

A paper was read by Dr. Mackay, on jaborandi in the treatment of congestions of the mucous membranes of mouth, throat, and chest. Detailing cases illustrative of its action in the early stages of tonsillitis, asthma, congestion of the lungs, scarlet fever, measles, and common colds. The remedy being given in quantities of from ʒ ss. to ʒiss., in divided doses, and no evil effects following therefrom. An animated discussion followed, several members taking part, a general opinion being that the remedy should be given with caution, and especially in cases with heart complication.

Dr. Covernton said that he had used jaborandi combined with aconite in the treatment of tonsillitis and successfully, but had been inclined to give the greater credit to the aconite.

Dr. Ryerson gave some of his experience with the pilocarpin in eye disease.

Dr. Mullin asked if it would be given in albuminuria, following scarlet fever? and whether or not it increased the amount of albumen in the urine, as some authorities maintain.

Dr. Mackay was not prepared to say how it affected the quantity of albumen in the urine. Would not recommend its use in the advanced stages of disease; had stated in the paper that it should be given "before damage to structures had taken place;" had known the medicine to be given, and great benefit following, in two cases of puerperal parenchymatous nephritis.

Dr. Burrowe's read a paper upon the wedge plaster treatment of Talipes.

Dr. Woolverton then read a paper on Fatty Diarrhœa, in which he gave a history of a case in which this was the most prominent symptom, and which terminated fatally. He discussed the pathology of such cases.

Dr. Sheard stated that he had met with three cases of fatty diarrhœa, upon which he had held *post mortem* examinations. In one of these cases he found a cirrhotic condition of the *liver* and kidneys, also interstitial thickening of the pancreas, the latter organ being injected and enlarged, causing pressure upon the receptaculum chyli and obstructing the free circulation of chyle through it, and hence impeding absorption.

In the second case there was scirrhus cancer of the pancreas, which had begun in the pancreas, and which was limited wholly to that organ, producing an enlargement which also pressed upon the receptaculum chyli.

In the third case there was disease of the mesenteric glands, attended with fibroid thickening of the tissues of the mesentery and thickening also about the spine, leading to obstruction to the circulation of chyle.

These pathological conditions appeared to him to suggest obstructed absorption rather than the non-digestion of the fat as the real cause of fatty diarrhœa. He was of the opinion that the bile, if secreted, with the secretion from Brunner's glands, could digest the fat, apart from the pancreatic juice. In all of these cases fatty matter was found in a digested state in the fæces.

Dr. Groves read a paper describing a new mode of removing solid ovarian tumours when firmly adherent.

Dr. McNaughton, of Erin, presented a splint suitable for all cases of fracture of the forearm, and especially Colles' fracture. It extended to the palm of hand, and was at lower end slightly inclined to ulnar side. It was adapted to bony inequalities at upper palmar surface, and the portion lying on forearm was convex.

Dr. Ferguson held that in the event of the fracture occurring in the radius between

the insertion of the biceps and the pronator radii teres, the forearm should be flexed, and *supinated* in order to get good apposition between the upper and lower sections of the bone. To pronate in this case, would only be, to separate the fragments still further.

Dr. Richardson explained at some length the structures affected in Colles' fracture, and considered that a result without some deformity, or at least without some weakness remaining, was very rare indeed.

Dr. Powell referred to several cases of Colles' which he had treated with fairly good results.

Dr. Fulton said that ulnar prominence might possibly be due to shortening of the radius.

Dr. Carson agreed with the treatment of his old teacher, Prof. Symes, of Edinburgh, who used a narrow, straight splint, applied to front of forearm, and extending to hand. In his (Dr. Carson's) practice he had obtained good results with his splint.

Dr. Thorburn referred to the past difficulty in sometimes getting perfect results in treating Colles' fracture, and alluded to some cases in his own experience.

Dr. C. K. Clarke read a paper, in which he gave an account of a peculiar case of nerve disease, which he considered Hystero-epilepsy, and treated successfully with carbonate of iron.

Dr. Workman then read a paper on aphasia.

EVENING SESSION, 8 O'CLOCK.

Dr. J. E. Graham read a paper on "Bacillus Tuberculosis." (See page 193.)

Dr. Covernton asked the reader of the paper if he had made any investigations on the question of the Etiology of Tuberculosis.

Dr. Sheard thought it was very difficult to distinguish the bacilli from fat crystals, and would not consider any investigation of value unless the sputa or section had been passed through ether.

Dr. Zimmerman wished to have a clear definition of Tuberculosis laid down.

Dr. Ferguson said:

1. That Phthisis may be contagious with a lengthy period of incubation. Thus the bacilli might be in the system for an indefinite time before their numbers were sufficient to cause any marked symptoms. During this period the disease was actually in existence. The histories of four families were given showing very strongly the probability of phthisis being contagious. The experiments of Toppeiner, of Vienna, and Giboux, of France, show that rabbits, dogs, and monkeys can be made tubercular by making them inhale air from consumptive patients.

2. The constancy of bacilli is very great. Of 2,509 cases collected from English, German and French observers, the bacilli were found in 2,417, doubtful in 74, and absent in 18. Of the doubtful cases only a few examinations were made.

3. The number and grouping of the bacilli seem to show some relationship to the activity of the disease. Of 21 observers, 18 adopt this view, 2 are doubtful, and one denies any connection.

4. Of 51 observers, 37 believe phthisis to be contagious, 9 admit it is possible, but regard it as improbable, while 5 either doubt or deny it.

5. Reasons for phthisis not being markedly contagious are, 1st, the germ does not live long off the body. 2nd. Comparatively few organisms are found in the respired air. 3rd. Low temperatures destroy the bacilli, and, 4th, in many cases they come in contact with a person of sufficient power to resist them.

Dr. Hamilton had grave doubts about bacteria being so often the cause of disease. Thought that the results of investigation had been overrated. He considered that the result of Dr. Spina's researches weakened Koch's position very much.

Dr. Mullin had doubts as to the contagious nature of Tuberculosis. Two difficulties presented themselves to his mind in accepting the doctrine. (1.) If consumption is a contagious disease it differs in character from any other contagious malady. (2.) He did not understand why these organisms should withstand the action of strong nitric acid when all other forms of bacteria were destroyed. It is probable that the chemical composition of all bacteria is very similar, and should be equally destroyed by nitric acid.

Dr. Richardson said he had been a strong believer in the contagious nature of phthisis long before bacteria had been thought of. He was gratified to find that his opinion had been verified by scientific research. He replied to one of Dr. Mullin's difficulties by showing how syphilis, a contagious disease resembled phthisis.

Dr. Graham, in reply, stated that he had made no experiments on animals. He did not think that these investigations could be carried on successfully by any except one who made a special study of bacteriology. He did not understand why Dr. Sheard had experienced such difficulty in distinguishing between bacilli and fat crystals. So far as he had read the literature of the subject he knew of no one who had experienced a similar difficulty except Prof. Schmidt, of New Orleans. The latter thought the bacilli were fat crystals, but afterwards withdrew from that position.

Dr. Hamilton had referred to Dr. Spina's investigation. It had been his (Dr. G.'s) privilege during the last few days to read Dr. Spina's original article. Some of the results given by him were incomprehensible. When he states, for instance, that he had examined a hundred and twenty-five different specimens of tubercle of other organs than the lungs, and had not found bacilli in a single case. His experience is totally opposed to that of men who have worked at the subject. In the other room they could examine many specimens of tubercle from ovary, peritoneum, tongue, etc., specimens showing the bacilli, which had been prepared by Dr. Aikins, in Vienna. With regard to the difficulties raised by Dr. Mullin, it must be remembered that it is the combination of the colouring matter with the bacilli which withstands the nitric acid, and not the bacilli themselves. He concluded by thanking the Association for the attention given to the reading of the paper, and for the able and interesting discussion which followed.

Dr. F. W. Strange then read a paper on "Acetonæmia." He gave the history of a case which had come under his own observation, with that of a similar one recorded in England. The opinion was expressed that coma of diabetes is due to chemical reaction of the blood.

Dr. Ferguson agreed with Jaksch, of Vienna, in thinking that the real cause of the coma was that the sugar in passing through the kidneys produced necrotic changes in them, which led to the retention of more or less of the urinary constituents, and an imperfect elimination of the products of sugar decomposition in the blood.

MORNING SESSION—THURSDAY.

Dr. Battersby read a report of a case of strangulated umbilical hernia which he at present has under observation, and which appeared to be doing well without operation.

Dr. Ferguson thought the entire lumen of the intestine had not been constricted.

Dr. White remarked that the fæces passed might be those in the bowel below the hernia, and suggested injecting some coloured fluid or milk up the rectum, in this way to find if it comes out at the opening.

Dr. Carsons insisted strongly on the necessity of always operating in case of strangulated hernia; and congratulated Dr. Battersby on the happy termination of his case without an operation.

Dr. McNaughton thought the present line of treatment ought to be carried out for some time until the results of the case were fully manifested. After the strength of the patient had improved, an operation might be performed to connect the upper and lower parts of the bowel again.

Dr. Mitchell then read a paper on some cases of poisoning. He referred to three cases which had fallen under his own observation. One was that of a woman who had swallowed a quantity of carbolic acid. He administered olive oil and sulphate of zinc, and the patient recovered. The other two cases, one of poisoning by Paris green, and the other by some poisonous herb taken in mullein tea, were fatal.

Dr. Harvey also reported an interesting case of poisoning by a liniment containing belladonna and laudanum.

Dr. Turver reported a case of poisoning by belladonna, in which he washed out the stomach by a simple tube on the syphon principle, and administered morphia hypodermically with successful results.

Dr. Graham thought that the symptoms described by Dr. Mitchell in his third case might have resulted from stramonium which is so common in this country.

THE PRESIDENT'S ADDRESS.

At this stage of the proceedings Dr. Macdonald, of Hamilton, the president, entered the room, and amid applause took his seat. He explained that his absence the previous day had been caused by indisposition. He then delivered his annual address. He enumerated the advantages to be derived from the meetings of the Association, both from a social and professional point of view. He thought that London and Kingston should be visited every year alternately with Toronto by the Association, as such a course would extend the benefits de-

rived from their meetings over the Province. He then referred to the question of the attitude to be assumed by the members of the profession towards the homœopathists in consultation. There was not that hostile feeling towards the disciples of Hahnemann in Canada that was felt in the United States, a result owing probably to the terms on which homœopathists were received by the Medical Council of the College of Physicians and Surgeons. But, although there was no hostility, there was no change in the opinion in which the doctrines of Hahnemann were regarded He alluded incidentally to the museum proposed. He had no doubt that the College of Physicians and Surgeons would find the room required for such a museum. He went on to refer to the communication of the Ontario Christian Women's Temperance Association. They all sought, to promote among the people habits of sobriety, and would do all in their power to aid the temperance organizations in this object.

Dr. Radford, of Galt, showed a patient suffering from chorea, which he had treated without success by the ordinary method. He asked the opinion of the Association. Dr. Harvey recommended cod liver oil, maltine, and bathing with a solution of Atlantic salt and by friction. Dr. Zimmerman recommended circumcision if phymosis existed.

Dr. McPhedran presented a case of prurigo which he is treating successfully at present with pilocarpin.

Dr. Ryerson, of Toronto, read a paper on "Cancer of the Larynx." He detailed the facts of three cases which had come under his notice. He recommended an early resort to tracheotomy, followed with treatment by Condy's solution, and in later stages with morphia.

Dr. Ferguson, of Toronto, read a paper on "Hip-joint Disease."

Dr. Davidson, of Toronto, described what he considered to be a case of superfœtation. Drs. Cameron and Oldright dissented from the opinion of Dr. Davidson. The President, Dr. McDonald, said that the absence of putrefaction was a very strong point in favour of Dr. Davidson's position.

Dr. Cassidy read a paper on "Enteric Fever," in which he recommended that the dejections of the patient in every case be thoroughly disinfected by carbolic acid or chloride of zinc.

THE PUBLIC HEALTH.

The report of the Committee on Public Health was read by Drs. Oldright and Playter. The Committee urged on the Association the importance of keeping up the public interest on the subject of sanitary legislation. The committee recommended that steps should be taken to provide that hygiene be taught more generally in the public schools. An advance copy of a pamphlet on the disposal of sewage, issued by the Provincial Board of Health, was submitted. With regard to the communication which had been received from Mrs. Chisholm, President of the Ontario Women's Christian Association, Dr. Oldright regretted that the time at the disposal of the committee had been too short to return a full report. The Committee, however, felt free to state that in general the use of intoxicating liquors by healthy persons is injurious, and also that the profession believe that disease is very often due to the use of liquors, and that there is a general feeling that attempts should be made to bring about a more restricted use of alcohol.

The report was adopted, with the exception of the clause on temperance, which was referred to a committee consisting of Drs. Burritt, Buchan, Workman, George Wright, and Playter, with instructions to report at the next meeting of the Association.

MUNICIPAL HEALTH OFFICERS.

The following resolution based on the report was adopted:—"This Association would press on the Government the necessity of legislation that would secure the appointment of a Board of Health and a medical health officer to each municipality or group of municipalities."

A report was read by the Committee on Medical Ethics. This report dealt with the duty of medical men in relation to each other and to the public. The Committee expressed disapprobation of flaming signs, extended advertisements, holding patents and dispensing secret nostrums, and consultation with homœopathic practitioners. The Committee recommended that medical ethics should be made a part of professional education at the Medical Schools. The report was referred back to the Committee with instructions to bring in a more definite report at the next meeting. The report of a Committee on Surgery, etc., was read. The main points referred to were operative

surgery, recent wounds, the reduction of dislocations, the germ theory of disease, the physiology of the blood, antiseptics, and drainage.

ELECTION OF OFFICERS.

The report of the Committee on Nominations was then presented and adopted, by which the following are the officers of the Association for the ensuing year:—Dr. Daniel Clark, Toronto, President; Dr. Worthington, Clinton, 1st Vice-President; Dr. Philp, Brantford, 2nd Vice-President; Dr. Richardson, Toronto, 3rd Vice-President; Dr. McGill, Oshawa, 4th Vice-President; Dr. White, Toronto, Recording Secretary; Dr. Graham, Toronto, Treasurer; Dr. Graham, Brussels, Dr. McKay, Woodstock, Dr. I. H. Cameron, Toronto, Dr. Aylesworth, Collingwood, Corresponding Secretaries.

PROVINCIAL MEDICAL MUSEUM.

The President and Secretary were requested by the Association to memorialize the Medical Council on the subject of a Provincial Medical Museum, and to bring the matter before the Government.

It was decided that the next annual convention of the Association should be held at Hamilton. The meeting then adjourned *sine die*.

TORONTO MEDICAL SOCIETY.

Regular meeting, May 17th, the President, Dr. Graham, in the chair.

Dr. F. Krauss and Dr. M. Wallace were proposed for membership.

The Treasurer, Dr. Spencer, presented his report. Referred to the council for audit.

Dr. McPhedran presented a woman, aged 40, with the following history: She began menstruating at 12, flow occurring every three weeks, abundant. Married at 24. She has 11 children, twins being born on two occasions. Has miscarried twice, each of these also twin pregnancies. She nursed the first 3 children, but had to use a shield on account of sharp stabbing pains felt in the breast when nursing. Fourth child was nursed till three months old, when her face and legs began to swell. By the fifth month the face was so swollen as to bury the ears, and the eyes were almost closed. The swelling was hard and smooth and the whole face of a purplish color; a hard swelling as large as an English walnut on the right frontal eminence. She was unable to lie down owing to rushing sensations in the head and ears: these sensations were almost constant but greatly aggravated by lying down. Child was weaned at the fifth month; recovery not complete till five months later. At next pregnancy she was confined of twins; tried to nurse them and the symptoms described above returned immediately. This time she became purple all over. Recovered under former treatment in a month. After each subsequent accouchement the symptoms returned in the third month after confinement, though no effort was made to nurse the children, but she had no trouble after the two miscarriages. She was last confined in December, 1882,—twins—and the symptoms of her old trouble began three months later. In the face there are many small hard nodules, especially in the track of Steno's duet, some of them have disappeared and fresh ones developed. There are many small ones on the inner surfaces of the cheeks and lips. They are not tender or painful. The face is slightly puffed and darker in color than natural. The knees are swollen, the right especially, presenting the appearance on the outside when flexed of an accumulation of synovia. She is unable to kneel. The elbows were slightly swollen, and frequently give a cracking noise when flexed. The nodules are doubtless due to enlargement of the lymphatic structures, owing perhaps to engorgement and apparently caused in some way by lactation. The case was submitted to elicit the opinion of the Society as to the nature of the affection and the course of treatment most advisable to be pursued.

Dr. Cameron considered the enlargements due to dilatation and occlusion of the lymph channels—really a lymphatic thrombosis, instead of the venous thrombosis so often seen after confinement.

Dr. Workman suggested electricity as treatment.

The President, and Dr. Cameron showed pathological specimens.

Dr. Ferguson read a paper on Puerperal Pyrexia. This may be I. Neurosal. The elevation of temperature here being dependant upon altered relationship of nerve governance.

II. Cases due to such causes as constipation, urinary derangement, etc.

III. A deranged relationship between the effete matters entering the circulatory fluids and those rejected.

IV. Malarial fever in the newly confined.

V. The Septic disease proper viz: (*a*) Saprœmia, or the entrance into the system of dead poison, this always has a local origin and

(*b*) Septicæmia, from local or constitutional infection. In this condition the use of quinine is indicated. As illustrating the value of this drug the essayist mentioned some experiments on dogs. To No. I, he gave gr. v. during six hours. After three doses the contents of a hypodermic syringe of offensive lochial discharge was injected. No. II., received a similar injection, but gr. v. of quinine had been added to it. No. III., received the injection without the quinine at any time. Nos. I and II recovered. No. III died in forty-one hours. To be effectual in cases of puerperal septicæmia this drug (quinine) must be given to the amount of 1/4000 of the weight of the patient, gr. xx. would be the mininum dose.

On motion discussion of the paper was adjourned till next meeting.

Regular meeting, May 3, the President in the chair.

Dr. F. Krauss, and Dr. M. Wallace, were elected members.

Dr. Riddel brought forward two patients—the first, showing an admirable example of eczema pustulosum: the second, with a deep-seated tumor of the neck, considered by Dr. Aikins and Dr. Fulton to be cancerous. Operation was not advised.

The President requested Dr. Oldright to open the discussion on Puerperal Pyrexia, the paper having been read at last meeting.

Dr. Oldright considered that the type of this affection lately had been metritic. A peculiarity he had noticed in recent cases of confinement might also be worth mention; in several of them the membranes seemed caught by spasm of the os; and in some, portions of the placenta had to be peeled from the uterus, after general expulsion had taken place.

Dr. Cameron regretted that the essayist had given no rules for differentiation. Because if slight causes, as mental emotion, may send the temperature up 3° or 4°, it is of importance to be able to distinguish such cases. According to his observation, peritonitis seems more common than metritis in this epidemic.

Dr. Ryerson referred to the case of the Duchess of Connaught, to emphasize the importance of good sanitary arrangements in accouchements.

Dr. McPhedran considered that general puerperal septicæmia may be complicated by a local diseased condition. A case in point was given. Sepsis may be effectually guarded against by proper precautions.

Dr. Ferguson, in replying, briefly noticed some of the points raised. The importance of the proper action of the emunctories was insisted on. If there is a reception of virus and not a full excretion, we must have pyrexia. He entirely agreed with Dr. McPhedran as to the possibility of a local complication in puerperal septicæmia.

CASES IN PRACTICE.

Dr. Machell.—Three weeks ago, Mrs. W. asked me to see her, and gave the following history: Menstruated last time 9th of November last. For two years previously menstruated quite regularly. In December and January, more or less morning sickness and pricking pains, with feeling of fullness in breasts. Slight enlargement of abdomen towards end of January. During latter part of February, breasts became softer, and later flabby, pricking pains ceased, and abdomen seemed to get smaller, and at same time it felt cold and uncomfortable. These latter feelings have continued since last named date. Knowing that she had a fleshy mole two years ago, I was under the impression that this might be something similar. A vaginal examination revealed the fact that the uterus was enlarged to about same size as in pregnancy between 3rd and 4th month. Thus the pregnancy had not continued uninterruptedly since November last, or patient had missed a menstrual period or two, and then became pregnant. I rather inclined to former view. Gave a placebo, and told her to report in a month. A rather offensive vaginal discharge brought her back in three weeks, when I introduced a bougie into the uterus, and left it there. Within twelve hours, labour came on, and a few hours later brought away a dead fœtus with membranes intact and placenta attached. Fœtus was probably between the 3rd and 4th month, of a greyish leaden colour. Sac contained a dark coloured grumous fluid—nothing abnormal in appearance of placenta. No cause for death of fœtus could be ascertained. The reasons which induced me to bring on labour were: the cessation of menstruation when it had always been quite regular previously, the

change in feeling and appearance of breasts and abdomen, after she supposed herself three months pregnant, and the offensive vaginal discharge.

Dr. Davidson read the report of the meeting of Council, after the adoption of which adjournment took place.

ONTARIO MEDICAL COUNCIL MEETING.

The annual meeting of the council commenced Tuesday, June 12th.

The proceedings were opened by Dr. Pyne, registrar, who called for nominations for the office of president for the ensuing year.

Dr. Spragge, of Toronto, was nominated by Dr. McCammon, seconded by Dr. McCargow.

Dr. Logan, of Ottawa, was nominated by Dr. Bray, seconded by Dr. Edwards.

A vote was taken and Dr. Logan declared elected by the following division :—

Yea—Drs. Allison, Bray, Campbell, Day, Douglas, Edwards, Fenwick, Geikie, Henderson, Husband, Lavell, Logan, Rosebrugh, Spragge, Vernon, J. W. Wright—16.

Nay—Drs. Buchan, Burritt, Burns, Cranston, McCammon, McCargow, H. H. Wright—7

The following officers were elected without opposition :—Vice-President, Dr. Day ; Registrar, Dr. Pyne ; Treasurer, Dr. Aikins.

Standing committees were then appointed as follows :—

Registration—Drs. Rosebrugh, Bergin, J. W. Wright, Vernon, Fenwick, and Grant.

Rules and Regulations—Drs. Spragge, Rosebrugh, J. W. Wright, Grant, and Campbell.

Finance—Drs. Edwards, Allison, McCargow, Day, Henderson, and Douglas.

Printing—Drs. McCammon, Day, Vernon, Burritt, and Campbell.

Education.—Drs. Lavell, Geikie, McCammon, H. H. Wright, Edwards, Burritt, Husband, Spragge, Williams, Burns, and Cranston.

Dr. Bray the retiring President, then gave a history of the business of the past year, and then offered some suggestions to the Council. He believed that so long as the schools accepted the matriculation of a student any time before graduating the Council should do the same, provided the four-year course had been complied with. The profession in Ontario, should agitate for a uniform bill for all the provinces whereby the standard would be the same, so that a man having passed the Council of one province could register in another by merely paying the fee. He suggested also that the examinations should be still more practical, which could best be done by having the examiners competent men, and appointed for five instead of two years.

A mass of communications and petitions were read, and referred to their respective committees.

The Finance Committee reported that the Council property on the corner of Bay and Richmond streets had been valued at $14,951, and was now offered for sale.

Wednesday, June 13th.

Dr. Edwards, seconded by Dr. Fenwick, gave notice of a motion requiring final candidates to present complete clinical reports of 10 Medical and 10 Surgical cases.

Dr. H. H. Wright gave notice of a motion to make the Summer Session compulsory.

Both were referred to the Education Committee at afternoon session.

Dr. Edwards moved, seconded by Dr. Vernon, "That a public prosecutor be appointed for this Council. Lost.

TREASURER'S REPORT.

Dr. Aikins, treasurer, read his report for the year ending June 13th inst., which showed the following :—

RECEIPTS.

Examination fees—Primary, $1,500; final, $1,075; primary and final, $570	$3,145 00
Fees from registration of pupils and practitioners	1,642 00
Assessment fees	791 00
Rent of hall	25 00
Fines on unlicensed practitioners	255 00
Balance on hand, June, 1882	1,568 00
	$7,426 00

The principal items in the expenditure were :—Council meeting of 1882, $1,186.60; accounts paid, $480.05; Board of Examiners, April, 1883, $1,191 ; salaries—Registrar, $1,000; treasurer, $250; porter, $200; interest on mortgage, $390. After the expenditures for the year were deducted, there would be a balance in hand of $2,163.98. About $5,000 were due from unpaid assessments. The balance in hand was not sufficient to pay for the expenses of the present session and accounts due. For some years past no payments had been made on the hall. In order to meet prospective outlay it was necessary that steps be taken to

enforce the payment of all outstanding assessment fees. A great saving would be effected if the Council could get through its session in three instead of four days as usual. If the examiners on final subjects were paid according to the number of their papers a considerable saving would be effected, and the number of examiners might be reduced. Annual examinations would increase the fees, as from various causes many students dropped out before the time for the primary examinations arrived.

The report was referred to the Finance Committee.

Thursday, June 14th.

After routine a discussion arose on the matter of needed amendments to the Medical Act.

Dr. Allison moved that the Committee on Legislation appointed last year be re-appointed with instructions to consider and draft such amendments as were necessary to the Act, and report at the meeting of the Council next year.

The motion was seconded by Dr. Bergin, and adopted.

REPORTS OF COMMITTEES.

Dr. Edwards read the report of the Finance Committee. It was recommended that more stringent measures should be taken to collect outstanding dues. The assets and liabilities are as follows:—

ASSETS.

Cash in bank	$2,163 98	
Building and grounds	18,000 00	
Annual dues uncollected	5,318 00	
		$25,481 98

LIABILITIES.

Mortgage on property	$6,000 00	
Expenses of present Council	1,300 00	
Accounts unpaid	861 81	
		$8,161 81
Balance in favour of Council		$17,320 17

The report was adopted.

REGISTRATION COMMITTEE.

Dr. Rosebrugh read the report of the Registration Committee, which was adopted.

EDUCATIONAL COMMITTEE.

Dr. Lavell read the report of the Committee on Education, which was adopted. It was recommended that no action be taken on the suggestions of the retiring president. Dr. Edwards' resolution concerning the taking of cases was considered, and while the committee appreciated the importance of the suggestions, recommended no action at present. Dr. Wright's resolution anent a summer session was considered, and the committee, while fully appreciating its desirability and the relief its establishment would afford to the excessive work of the winter courses, it was not deemed advisable to give it definite shape, but it was desirable to raise the question so as to call the attention of all interested to it. The following committee was recommended to review during the recess the curriculum of study endorsed by the Council:—Drs. Fenwick, Lavell, Macdonald, Bray, Bergin, Cranston, and Logan, the travelling expenses of the committee to be paid by the Council.

THE BOARD OF EXAMINERS

for 1883-84 is as follows:—Anatomy, descriptive, Dr. J. Fulton, Toronto; theory and practice of medicine and general pathology, Dr. A. S. Oliver, Kingston; midwifery, operative and other than operative, with puerperal and infantile diseases, Dr. B. E. Burdett, Belleville; physiology and histology, Dr. G. A. Tye, Chatham; surgery, operative and other than operative, Dr. W. Canniff, Toronto; chemistry, theoretical and practical and toxicology, Dr. M. Barrett, Toronto; materia medica, therapeutics, and botany, Dr. W. W. Dickson, Pembroke; medical jurisprudence and sanitary science, Dr. W. Nichol, Brantford; homœopathic examiner, Dr. Andrew Clark, Toronto; medical and surgical anatomy, Dr. Eccles, London.

A resolution of condolence, referring to the three former Members of the Council, Drs. Lynn, Morden, and Pyne, was carried.

The President, Vice-President, and Dr. Bray were appointed Executive Committee for coming year.

PRACTITIONERS IN ARREARS.

On motion of Dr. Bray, seconded by Dr. Wright, the registrar was ordered to address a circular to all practitioners in arrears to the effect that unless the amount due by them be paid within three months action at law will be taken.

AN ADDRSSS TO VICEROYALTY.

On motion of Dr. Bergin, seconded by Dr. Vernon, a committee consisting of Drs. Wright, Lavell, Spragge, and the mover and seconder was appointed to draft an address to his Excellency the Governor-

General and the Princess Louise, to be presented at Quebec on the occasion of their departure from Canada.

After a vote of thanks to the president and some other formal motions the Council adjourned.

Book Notices.

Second Annual Announcement and Catalogue of the Woman's Medical College of Baltimore, 1883-4.

Weekly Health Bulletins and Meteorological Record. By P. H. Bryce, M.A., M.D., Secretary, Ontario Board of Health.

May Meteorology at Lansing, Weekly Meteorological Reports and Monthly Mortuary Report for the City of Lansiny, and Weekly Health Bulletin for the State of Michigan. Henry B. Baker, M.D., Secretary.

Consultation Chart of the Eye Symptoms and Eye Complications of General Diseases, arranged after Fœrster and others. By Henry G. Cornwell, M.D., Columbus, Ohio: H. C. McClelland & Co. Price, 25 cents.

A System of Human Anatomy, including its Medical and Surgical Relations. By Harrison Allen, M.D., Section IV.—Arteries, Veins and Lymphatics. Philadelphia: Henry C. Lea's Son & Co., 1883.

Although a remarkably high degree of excellence has been manifested throughout the preceding parts of this work, Section IV. surpasses them all in beauty and artistic merit. The letterpress, too, continues to manifest that special regard for the applicability of anatomical facts to everyday work which constitutes one of the chief advantages of the present work, and commends it more highly to the consideration of the general practitioner than any other treatise on anatomy extant.

Personal.

Dr. Dolsen (Toronto, '83) has gone to England.

Dr. J. C. Meldrum (Toronto, '83) has settled in Princeton.

Dr. S. R. Rogers (Toronto, '82) is practising in Walkerton.

Dr. H. S. Clerke (Toronto, '83) is practising in Brooklin, Ont.

Dr. Cleland (Toronto, '82) has commenced practice on Yonge street, Toronto.

W. Osler, M.D., was elected a Fellow of the Royal College of Physicians, on May 17th.

Dr. W. H. Aikins (Toronto, '81) has returned from Vienna, and is now at his father's residence, Winnipeg.

Dr. Grasett, of Toronto, was married June 14th, to Miss Todd, daughter of J. Thornton Todd, Esq., of Toronto.

Dr. Frank Krauss (gold medallist, Trinity University, '83) has commenced practice in Toronto at 35 Elm street.

Prof. Ellerslie Wallace has resigned the Chair of Obstetrics, etc., in Jefferson Medical College, on account of ill-health.

Reuben Levi, M.D., McGill College, and Herbert Mickle, M.B., Toronto, on the 17th May, were admitted members of the Royal College of Surgeons.

R. J. Bliss Howard, McGill College, on the 21st May, successfully passed the primary examination for the Fellowship of the Royal College of Surgeons.

Dr. Robert F. Weir was elected President, and Dr. Dana, Secretary of the Practitioner's Society of New York, at the annual meeting in June.

Dr. W. J. Robinson (Toronto School, '83, and double gold medallist, Toronto University) was married, June 14th, to Miss Orton, daughter of the late Dr. Orton, of Ancaster. Dr. Robinson is now engaged in practice at Ancaster.

Dr. Jas. B. Hunter, the distinguished gynæcologist of New York, was in town for a day or two in June. He reports signal success in the work of the N. Y. Polyclinic for this its first year of existence, there having been very full classes and a superabundance of material.

Robert Druitt, M.D., F.R.C.P., F.R.C.S., author of the Surgeon's *Vade Mecum,* which he wrote at 21 years of age, and which for many years was, perhaps, the most popular Manual with students, died in London on the 15th of May, aged 68 years. He was Editor of the *Medical Times and Gazette* for ten years.

Holmes on Ricord.—"I think life has not yet done with the vivacious Ricord, whom I remember calling the Voltaire of pelvic literature—a skeptic as to the morality of the race in general, who would have submitted Diana to treatment with his mineral specifics, and ordered a course

of blue pills for the vestal virgins."—*N. Y. Record.*

Peter Brendon, F.R.C.S., who recently died at the age of 85, was one of the oldest members of the Royal College of Surgeons, having received his diploma in 1817. He was prosector to Abernethy at St. Bartholomew's. C. R. J. Allatt, M.D., F.R.C.P., who died recently at the age of 89, was the oldest Fellow of the Royal College of Physicians. His Fellowship dated from 1828.

Miscellaneous.

According to *N. Y. Record*, Dr. DaCosta says:—Gynæcologists, as a rule, part their hair and their names in the middle, and never die until they have invented pessaries and speculums innumerable.

Marwood's Drops.—Mr. Marwood, the London hangman, being asked by a neighbour what was a good remedy for a troublesome cough, is reported to have replied that his "Marwood's Drops" had never yet been known to fail.

It results from the researches of Mr. Aubert (*Lyon Med.*) that the virus of the simple chancre is completely annihilated by heating practised for an hour only between 42 and 43 degrees (C.). These results permit the application of heating to the tissues bearers of the chancroidal lesions.

The Afterbirth Mistaken for Intestines and Returned.—A correspondent from the Sandwich Islands, sends us the following:—"Some of the statements about obstetrics in the Sandwich Islands made in *The Record* are not quite true, but the following is what took place here:—An Englishman's donkey had a colt, the first the man had ever seen born. When the afterbirth came he thought it was the bowels, and so he and two other white men took a stick and pushed it back. This they did three times and at last, out of pity, they shot the donkey. The man said,—"I did not like to see the animal suffer for want of bowels."—*Medical Record.*—*Northwestern Lancet.*

Fordyce Barker's Tribute to Young Men.—My own experience has been that from this class I learn the most; it is from them that I get the most useful knowledge and the most valuable suggestions. I hold it to be one of the great missions of this Academy to bring out and develop, by its library and its scientific work, the young men who are to take care of its interest and give the stamp of character to the Academy and the medical profession of this city in the future. I do not hesitate to express the belief, based on a rather extensive acquaintance with the profession in other cities and other countries, that the number of young men of bright intellects, of noble zeal, who have had the largest opportunities at home and abroad for a thorough and complete education, which have been most conscientiously improved, is greater than has ever before been aggregated in any city in any age of the world, and that twenty years hence New York will have a galaxy of distinguished men who will give the medical profession such prominence with the public and with the profession elsewhere as has never before been attained.—*N. Y. Med. Jour.*

Hydraulic method of overcoming urethral stricture. M. Gauron in some nearly impassable strictures by means of a funnel, a yard of rubber tubing and an elastic catheter, with hot water, succeeds in getting a sound into the bladder. The implements being joined together and filled with hot water, the patient lying in bed, and the funnel raised about a yard above the mattress, the oiled catheter is passed as far as the seat of the stricture. The penis is lightly compressed in order to prevent regurgitation of the water, and the sound held in contact with the stricture. Hot water is poured into the funnel, and the column of liquid is maintained to press upon the stricture for three-quarters or an hour. When withdrawing the sound leave the urethra full of water, then immediately endeavour to pass an ordinary sound. In most cases it will pass at once, and may be left.

Married.

LESSLIE—BALDWIN.—On the 6th June, at All Saints' Church, Toronto, by the Rev. Arthur Baldwin, M.A., Dr. J. W. Lesslie to Agatha D., daughter of W. Wilcocks Baldwin, Esq., all of Toronto.

Birth.

BEEMER.—On May 31st, the wife of Dr. Beemer, first Assistant Physician, Asylum for the Insane, London, of a daughter.

THE

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TORONTO, AUGUST, 1883.

Original Communications.

CASES OF POISONING.*

BY J. C. MITCHELL, M.B.,

It was my fortune to have the responsibility of three cases of poisoning devolve upon me, within a year; and as such are comparatively rare, in the ordinary routine of a country practice, I thought a record of the symptoms actually observed, and the treatment used, might be interesting—if not instructive—to the members of this Association.

Case I.—Mrs. S., a widow lady, æt. 58 years, living three-fourths of a mile from my office, was on the 19th November, 1881 preparing to retire for the night, at 10.30, p.m. She was troubled with rheumatism, and by mistake took a large dessert spoonful of pure carbolic acid, instead of the remedy to which she usually resorted. She at once cried out, "I have taken the wrong medicine for it is burning my throat and my stomach dreadfully." Her daughter immediately discovered the mistake, and gave the alarm, I was speedily summoned to attend and was with the patient fifteen minutes after she had taken the acid. I found her in a partial stupor, talking somewhat deliriously, great muscular relaxation, weak thready pulse, cold clammy skin, pupils of eyes slightly contracted, breathing becoming of a stertorous character. The invasion of the symptoms had been very rapid.

Previous to my arrival, the daughter had given an emetic of mustard without any effect. With some difficulty I aroused her sufficiently to drink four ounces of olive oil (all I had with me), when she recovered consciousness. I then prepared and administered an emetic of sulphate of zinc, which acted quickly and thoroughly; and soon left no doubt in our minds, as to the nature of the poison, as the atmosphere of the room was strongly impregnated with the odor of carbolic acid.

After the emesis had ceased, we gave her demulcent drinks, applied heat to the body, and had the satisfaction of leaving her in a couple of hours in a fair way to recovery. The posterior and central portion of tongue were hardened and corrugated by contact with the acid. The tongue and throat speedily healed; the stomach remained very irritable for a length of time.

Case II.—Mr. V., æt. 49 years, a respectable farmer living five miles from our village indulged frequently in the use of intoxicants. At 9 p.m., Sunday, Septem- 3rd, 1882, when under the influence of liquor he mixed half a tea-cupful of the ordinary commercial Paris-green—aceto-arsenite of copper—with water, and before any of the family were aware of his intention, swallowed the greater portion of the mixture. In an hour after I was with him. He was sensible, suffering very acutely at intervals from severe epigastric and abdom-

*Read at the Ontario Medical Association Meeting, Toronto, June 6th, 1883.

inal pains, extreme pallor of countenance with anxious expression, cold clammy skin, feeble rapid pulse, made scarcely any complaint, in fact did not speak unless addressed. After each attack of pain he vomited freely, then complained of thirst. The vomited matter was bright green and there was considerable sediment of Paris green at the bottom of the vessel.

The emesis began thirty minutes after taking the poison, partly no doubt from the action of an emetic of mustard his wife had induced him to take. Treatment consisted in giving good doses of dialyzed iron, large quantities of milk and eggs, keeping up free emesis until the green hue disappeared altogether. After that he became quite easy, but slightly stupid, pulse firmer, slower and skin warmer. Improvement lasted for more than an hour, when all the symptoms returned with much greater severity. His sufferings now were intense, great tenesmus, no diarrhœa, although bowels moved frequently, constant desire to void urine. He grew worse rapidly, and expired five hours after drinking the fatal potion.

In each of the cases related, the kind of poison taken was known, in the one ~~to be~~ ~~reported~~, the toxic agent had to be decided from the symptoms manifested.

~~Case III.~~—In the ~~small~~ village of S—— resided a Mr. T. and family, consisting of a wife and two daughters.

Mr. T. was a delicate man, æt. 53 years, the elder daughter, æt. 26 years, a very delicate girl, having had several attacks of pneumonia; the younger æt. 19 years was in the enjoyment of very good health.

On the evening of November 13th, 1882, the father and daughters were attending choir practice at a neighbouring church, leaving their mother at home, who, in their absence, busied herself in preparing some herb-tea for all to partake of, as they were suffering from severe colds.

The herbs were supposed to be only those they were constantly in the habit of using, viz., smart-weed and mullein leaves. On returning home at 10 p.m., the father and daughters drank freely of the infusion, the mother only tasting it, as there was scarcely enough for all. The father went immediately to bed, the others remained up for a time. In a few moments all began to complain of dryness and burning sensation in throat and mouth; soon the elder daughter grew dizzy, began laughing and acted like one intoxicated, then became delirious; the father and young girl complained of sickness, nausea, dizziness and strange feelings, and by the time the mother got a neighbour aroused and in the house all were insensible.

I arrived at 11.30 p.m., found Mr. T. lying in bed in a state of coma, breathing very heavily, tongue extremely dry and swollen, unable to swallow, entirely unconscious, no sensation whatever, at intervals a convulsive movement passed over his frame.

The sisters were in an adjoining sitting-room lying on beds hastily spread on the floor by the neighbors. Both were unconscious and swallowed with great difficulty anything given them. They retained some sensation. They had severe convulsions at intervals. In all three cases the countenances were of a dusky hue; the pupils of the eyes were dilated to the full; scarcely any of the iris could be distinguished, also strong external strabismus. From the marked mydriasis, together with the other symptoms present, it was evident the poison was one of the solanaceæ, and I was fully convinced that it was either belladonna or its alkaloid, an opinion, I think, pretty fully corroborated by the facts afterwards ascertained.

The stupor exhibited by all the patients was most profound, in fact the whole nervous system was prostrated and paralyzed. Sharp emetics were given to the girls, but the elder one did not vomit as freely as her sister. I gave all the patients three $\frac{1}{2}$ gr. doses of morphia subcutaneously, at intervals of an hour, and after the first injection the convulsions ceased, and after the third the

effect on the pupil of the eye of the younger girl was quite perceptible. I also gave hypodermic injections of brandy.

A message had been dispatched for Dr. McLaughlin, of Bowmanville. On the Dr.'s arrival we used the stomach pump with all three, and after removing the contents of the stomach we pumped in a strong infusion of green tea.

In spite of all our efforts the elder sister grew gradually worse, the pulse became small, thready, and at 4 a.m. rose to 160. The younger girl had shown better symptoms all through, although at one time her pulse rose to 145, and the prognosis was very doubtful. At 5.30 a.m. when we attempted to pump in some warm milk and an infusion of tea, she struggled a good deal and finally roused up sufficiently to look around, we had her removed at once to her bedroom, and gave her a good potion of castor oil. The other poor girl died at 6 a.m., having never rallied in the slightest from the time she first became unconscious. Continued giving the father strong tea, warm milk, brandy and aromatic spirits of ammonia, by means of stomach pump. It was necessary to hold his tongue protruded from his mouth all the time to enable him to breathe at all easily. His pulse varied from 130 to 170. At noon he rallied a little, opened his eyes, looked around and resisted slightly when we were using the pump. The drug, however, had done its work with an enfeebled constitution. In the afternoon he sank gradually and died at 4 p.m., eighteen hours after partaking of his herb tea.

The remaining daughter slowly recovered, but was very ill for three weeks. The tongue, throat and fauces were swollen to such an extent that but little could be swallowed for a day or so. There was complete aphonia for a time; harsh, dry cough, with considerable bronchial irritation. Quite a scarlatinal rash over a greater portion of the skin, which lasted two or three days. For two weeks the temperature of the body ranged from 101° to 103° Fahr., and the pulse from 110 to 125.

Treated symptoms as they arose, and the patient finally made a good recovery.

I may state here that Dr. McLaughlin fully concurred in my opinion as to the character of the poison. In examining the remaining herbs not used for the infusion we could find no trace of any poisonous plant, and that from which they drank the tea had been boiled too much to distinguish the various herbs. There was a peculiar narcotic odor very perceptible from the boiled herbs, the contents of the stomach, and also from the urine—withdrawn by catheter—very similar to the odor of the tincture of belladonna, with which we compared it.

Mrs. T. stated that the herbs had been gathered by the deceased husband. That he did this work in a very careless manner, just plucking them in handfuls as they happened [illegible]. She also informed me that a large weed grew in the garden bearing a round berry of a purplish hue when ripe. I found, on inquiry, that large quantities of this weed grew in the neighbourhood, and from its description have no doubt that it is the atropa belladonna, or deadly nightshade. That the plant must be very rich in its active principle atropia is evidenced by this case, as it is not likely that more than one stalk and its leaves were in the infusion, as any larger quantity would have been observed in the small amount used.

In the fatal cases putrefaction commenced very soon after death, and the bodies were covered with livid spots. There was also a bloody discharge from nose and mouth. The smell was very peculiar and offensive. The bodies were interred the day after death, and the features were so much discolored that the caskets were kept closed at the funeral.

Very much has been written as to the antagonism of belladonna and opium, since Prosper Alpin, in 1570, first observed the

action of the latter drug was greatly enfeebled when given in combination. Dr. Anderson read a paper in Edinburgh, in 1854, showing that these drugs were antagonistic in their action upon the system. Trousseau, in his "Treatise on Therapeutics," also makes this a strong point. He says:

"Angelo Poma, Cazin, Benjamin Bell, Béhier, Lee, McNamara, Seaton, Erlenmeyer, Onsum, Bathurst Woodman and Foumüller, all give cases of belladonna poisoning cured by opium.

"In these cases it is remarkable that persons poisoned by belladonna have been able to take enormous doses of opium without showing the symptoms of intoxication from opium."

According to M. Béhier the quantity of opium required to combat the intoxication of belladonna ought to be greater than that of the belladonna taken.

In the case of the girl that recovered, although I gave her 1½ grs. of morphia hypodermically in two hours, she regained consciousness in four or five hours after, and exhibited none of the usual symptoms expected from large doses of that drug.

THE CIRCULATION IN THE CORONARY ARTERIES.

BY J. FERGUSON, B.A., M.D., L.R.C.P.,

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It is not my intention to go into a detailed discussion on the history of scientific opinion regarding the way in which the blood is impelled through the coronary arteries. I may mention that the view generally adopted is that the coronary arteries are filled from the aorta, by the recoil of this vessel after the ventricle has contracted and driven its contents into it. The main reason advanced in support of this view was, that when the left ventricle contracts and the blood is driven into the aorta, the semilunar valves are pressed back so closely to the walls of the aorta, that the entrance to the coronary arteries is completely closed. If this be true, then the coronary arteries must be filled from the aorta; but if it be not true, those vessels are filled by the heart's action directly. On this question I purpose making some short remarks.

Martin and Sedgwick have thrown some doubt upon the usual teaching of coronary circulation; but as their experiments are not very convincing, and only apply to one aspect of the question, it is necessary to look into it somewhat more fully.

Let us begin our view of the circulation in the coronary arteries at that stage of the heart's action when the left ventricle is dilated, the semilunar valves firmly closed, and the aorta contracting upon its contents and propelling them in any direction where there is an exit. At this stage of the circulatory movements the aorta steadily presses the blood onward through the system, as into the branches of the carotids and subclavian. Now, the coronary arteries stand to this action of the aorta in precisely the same relationship as do the branches of the above-named vessels. When the aorta contracts upon its contents the blood would flow back into the ventricle were it not for the valves. This, however, being prevented, the blood passes on into the various branches and sub-branches of the aorta. Among these the coronary arteries come in, and the blood is steadily driven through them in the same manner as it is through any other arterial trunk in the body. This action is not dependent directly upon the contraction of the heart and upon the action of the aorta secondary to it.

Let us now proceed a step further in the chain of events, and note carefully what takes place. The aorta is still firmly contracted upon its contents, the semilunar valves are completely closed, and the entrance to the coronary arteries are open. The ventricles now contract. At the moment this action begins, the blood is pressed firmly against the ventricular side of the valves, and the central points of these fall back first, and permit some of the blood in

the left ventricle to be driven into the aorta. If this action be carefully noted, however, it will be seen that the blood is driven from the ventricle into the centre of the column of blood contained in the aorta. The effect of this would be to cause a wave in any direction in which the blood can flow: viz., in the aorta and all its branches, among which we must include the two coronary arteries. At this moment only the central part of the valves are opened, and the blood from the ventricle is suddenly propelled into the aorta, in the form of a fluid wedge into the centre of the blood within it. The valves have not as yet had time to close back into apposition with the aorta, assuming the old view, which I believe is erroneous. It will thus be seen that though the blood flow through the coronaries is maintained by the action of the aorta, the wave in these vessels is due to the action of the heart just as it is in other arteries.

Again, when the aorta contracts on its contained blood, the three little pouches at the root of the aorta, and opposite the valves are distended by blood. From two of these spring the coronary arteries. The valves on the other hand are pouched inward, toward the centre of the entrance to the aorta, and away from the entrance to the coronaries. This is the state of things when the ventricle contracts; and long before the valves could fold back to be in apposition with the aorta, the blood wave has taken place through the coronary arteries. But this is not all. In the full and round condition of the aorta just before contraction of the ventricle, the free margin of the valves are not long enough to allow the valves to fall back into close contact with the lining of the aorta. Further, the semilunar valves cannot come into apposition with the aorta till the blood filling the sinuses of Valsalva is displaced. This, however, as carefully conducted experiments prove, does not happen. The first effect of the ventricular contraction is to propel into the aorta a narrow column of blood with great rapidity through the centre of the aortic opening. The effect of this is still further to distend these sinuses, instead of allowing them to become emptied. The attachment of the valves, the aorta, and the heart to the fibrous ring at this part of the heart also tend to prevent such a close contact between the valves and vessel.

In addition to the above, direct experiment goes to show, that the blood wave in the coronaries, and also the blood stream, is synchronous with that in the carotid. A medium sized cat was taken; and, after bringing it under the influence of chloroform, the carotid and coronary arteries were carefully exposed. A small hollow needle was inserted into each. The end of the needle in the vessels pointed towards the heart. On removing the little wires which closed the hollow in the needles, the blood issued from both in jets at exactly the same time. This could only happen under the condition that both coronary and carotid arteries are filled directly by the heart's systole. I then cut a small branch of the carotid, and also of the left coronary; and with the same result, that the blood issued at the same time, and with equal rapidity. The cat was then killed. The heart and attached vessels carefully removed. The aorta was tied at the descending part of the arch, and the other branches at some distance from the arch. Water was then passed into the left ventricle through the auricle by means of a syringe, until the ventricle and the stumps of the vessels were full. The left coronary was now cut, and the ventricle suddenly and firmly compressed. This would have the effect of forcing open the aortic valves, and causing them to fall back upon the walls of this vessel if the old view of their action be correct. But instead of the valves closing the coronary arteries, as might have been supposed, the fluid escaped freely from the cut in the left coronary. This seems to prove that the systole of the left ventricle does force the blood directly into

the coronary arteries; and that the stream through these vessels is maintained by the elastic and muscular action of the aorta in the same way that it is in the other branches that spring from it.

LEPROSY FROM MR. HUTCHINSON'S STANDPOINT.

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(During my term as Mr. Jonathan Hutchinson's dresser at the London Hospital in the spring of 1879, the following case of leprosy fell to my lot. Mr. H. delivered a clinic of which I took notes. After examining the manuscript he consented to its publication in a Canadian medical journal. During last winter while sojourning in California, residents of the Sandwich Islands were thrown in my way about the time that the newspaper world was agitated over the subject of leprosy so prevalent in that part of the Pacific Ocean. Several cases of the disease occurring among American residents on the islands were brought before the public and long articles were published describing the ravages of leprosy. False reports were circulated that these were merely sensational rumours in the interests of southern sugar planters to damage the chief industry of the islands. I was astonished to hear from authentic sources that leprosy did exist there to an alarming extent among the natives; that one island was specially set apart for the reception of the lepers; that a government medical officer was specially appointed to watch over their interests; that the disease has been increasing so rapidly that the authorities are much concerned to discover a means of suppressing it. The hope that in this connection the views of so eminent a surgeon on such an interesting subject may be interesting to those who have never seen them published is my only apology for the present article. Mr. H's. study of the disease in Norway, and his subsequent researches matured his opinions of four years ago, I am unable to state any changes they may have undergone since then. It is probable that the ætiology of leprosy will always be a matter of dispute.)

Family History.—The patient is a school girl eleven years of age; parents English; both healthy; have lived in comfort all their lives. Some eleven years ago they went to India; patient was born on board ship; under the care of native nurses for six years. Her parents returned to England when she was six years of age; no history of syphilis; no history of leprosy in the family.

History of Disease.—Four years after leaving India (fifteen months ago), a dusky red spot was noticed at the back of the heel. This first drew attention to the child's condition. Anæsthesia may have been present before she left India, but was unnoticed. Other spots have since developed.

Present Condition.—Her face does not present the usual "leonine" aspect characteristic of the worst forms of tuberculous leprosy. The patches simulate lupus. The diagrams show the positions of the patches. Those most marked are on the right elbows and on both knees. They are white and anæsthetic in their centres, raised of a dusky red color and hyperæsthetic at their peripheries; the intervening integument is of a dusky hue, dry and abnormally anæsthetic, most marked in the lower part of the left leg, along the courses of the musculocutaneous and auterior tibial nerves. The dorsal and plantar surfaces of the left foot are also anæsthetic; this accounts for the chillblains present, as the parts have been unable to appreciate extremes of heat and cold. The disease is fairly symmetrical; the left side is affected more than the right. The anæsthesia in the left arm and leg, greater than in the right arm and leg; appetite good; feels well; is a bright happy dispositioned child.

History.—I do not intend to enter deeply into the history of leprosy, but will only mention a few facts. The disease diminished in frequency prior to the Reformation. It gradually left England as our forefathers

advanced in agriculture. Their food became gradually changed; the proportion of fish to other food was greatly reduced; cereals were planted; bread and vegetables took a more prominent place in their bill of fare. The country was farmed, forests became fields, and cattle were raised for food. Fish were so little used that in the reign of Henry VIII. a law was passed compelling the people to have fish at their tables four times a week to prevent the ruin of the fishermen.

Leper hospitals were established, chiefly along the seaboard, where the disease was the most prevalent, but as the malady left us these were closed. The Orkneys were the last lingering places for the disease; the Cornish fishers suffered from it up to a late date. I hear that even yet, endowed leper houses exist in Cornwall. Still a few cases are to be found in the Orkneys. A gentleman sent me a very old book in which I found a paragraph to the following effect: "Leprosy is due to two causes, one an inherited taint, the other the use of fish as an article of diet, especially salmon and the livers of any of the different varieties."

Fish were not so well cured then as they now are, and consequently must have been less wholesome. Less fish is now used. There are more consumers to share the disproportionate increase in the supply of fish. More meat and less fish is the prevailing fashion. The largest leper house in Norway is at Bergen, and here is also the largest fish market in the world.

Aetiology.—All cases of leprosy are, in my opinion, due to dietetic causes, to a special poison introduced into the blood by some article of diet containing it. What is this article of diet? Fish is blamed, and the "fish theory" seems to me to be the most plausible.

Hardship has been quoted as a cause. This does not accord with the histories of my cases. English officers sent to India, surrounded by every comfort, now and then become lepers. They suffer no hardship.

Climatic Influences cannot be a cause, as leprosy is a disease of all climates. It is to be found amidst the sunny hills of India, along the cold sea coast of Norway, among the tropical isles of the Atlantic and Pacific Oceans; it survives the cold of the Orkneys andof New Brunswick, how then can climate be adduced as a cause, except in so far as it may affect the food?

Contagion is given as a cause, but this I cannot admit. The contagiousness of leprosy has yet to be proved. I do not even believe it to be contagious in any erratic manner, as by co-habitation or sexual intercourse. In the olden time it was confounded with scabies and syphilis, and upon these errors it established its contagiousness. Medicines that obtained reputations for the cure of leprosy may have done so on their merits in scabies and syphilis.

Fish Diet is the next cause to be taken up. Fish to cause leprosy may be decomposed; they may be of a poisonous species; they may be used at a season when fish, especially in the tropics, are unwholesome; they may be salted; they may be improperly cured; they may be apparently harmless in moderation, but poisonous in excess. Some fish are injurious at certain seasons of the year. Some are more poisonous than others.

Locality as a cause. Leprosy affects chiefly dwellers on the sea board, and along the banks of rivers. It is said to occur inland where no fish are caught. But the people may eat salted or cured fish, and I believe, furthermore, that many cases called leprosy are simply cases of leucoderma.

The patient whose history has been related was brought up in India by a native nurse. She wanted for nothing. She underwent no hardship. The natives of the district were subject to outbreaks of leprosy. Several were lepers at the time of her residence there. The people ate largely of salt fish. Her father did not use it himself more than twice a month,

but the child may have been fed on it frequently by the nurse if she relished such food. Another patient was a gentleman in good circumstances who had enjoyed every comfort. He had always been a healthy man until leprosy developed. No history of syphilis. Had lived for some years at an African sea-port where prawns were very plentiful. Being fond of them he frequently indulged his appetite. He became a leper and returned to England.

Another patient had leprosy of the mixed variety; there were large tubercles on his face; his trunk and limbs were studded with numerous white anæsthetic patches; anæsthesia very marked. A pin could be run into him through the centre of the spots without causing pain. The edges were hyperæsthetic. No history of syphilis. Had used stimulants very moderately; made several voyages, as captain of a vessel to the West Indies. Remained there five or six weeks at a time, but usually lived on the ship while in port; ate food provided by natives. One cannot think that a short six weeks' stay in the tropics could cause leprosy if climate alone originates the malady.

Another case originated in a cold climate. In Norway, as I have stated, the disease is prevalent, but the English, French, Germans, etc., who visit the country, are not affected by the disease, except in very rare instances. This case is the only one of the kind known to me. A German officer went to Norway to fish. He was in easy circumstances, but lived, ate and drank with the poorest of the fishermen while there. He ate some of the very worst kinds of fish, only used by the poorer classes—badly cleaned and badly cooked. It is among these classes that leprosy is so prevalent. If the cause were climatic, rich and poor should suffer, for they breathe the same air and enjoy the same sunshine. Numbers of foreigners go to Norway to fish, but I have neither heard nor read of any other case of leprosy among them. Is it not reasonable to suppose that in this case the cause was dietetic, and the food at fault bad fish? In the tropics, rich and poor are affected; the effects of season in the hot climates on the fish would account for this; wholesome during the cool season, it is known to be unwholesome during the rest of the year. It is just as likely that the rich should use them, the year round, as the poor.

Another case was that of an Irishwoman who went to India in good health. She became a leper. The disease began in the eyebrows. She suffered from ophthalmia, caused by the formation of tubercle in the coats of the eyeball. It set up an irritation which soon ran on to the inflammatory stage. There was nothing special in her diet; no evidence that the disease was due to the eating of fish. She lived in a leprous district.

Another patient, a lady, left England to keep house for her brother in the Barbadoes; was in good health and enjoyed every comfort. Remained eight years. Indulged her appetite for turtle; it was one of her favourite dishes, and pronounced by the natives to be very wholesome food. Certain other varieties of fish were said to be injurious, but she had never eaten any of them. Although a Jewess, the long residence of her ancestors in England sets aside the theory of hereditary taint. At the age of forty she returned to this country a leper.

I have yet to see a case of leprosy primarily developed in England. All the cases seen by me in English people have been developed elsewhere. Occasionally cases are reported as true leprosy originating in England, owing to the numerous sources of error, one must accept such statements with caution. Some years ago after writing to India for information regarding leprosy, I received a reply from an eminent member of our profession, stating that in one part of the country the natives lived on the most abominable kinds of fish, but were

free from leprosy. I was taken somewhat aback. This was soon after proved to be untrue. Meeting the military governor of the same district about the same time, I asked him a few questions concerning the health of the district, and learned that leprosy was very prevalent and that the management of the lepers had engaged much of his time in his official capacity.

A gentleman some time ago wrote an article on fish, and stated that 800 tons left Billingsgate market daily. I confronted him with the statement, but he assured me that it was taken directly from the books. He looked again, and acknowledged that only eighty tons left daily. Thus you see what great caution we must exercise before accepting any statement.

Varieties of leprosy.—There exists two varieties of leprosy: 1st, the tuberculous; 2nd, the anæsthetic.

In the *tubercular* variety there are deposits of tubercle in the cellular tissue. These may occur in any part of the body. It resembles syphilis in this respect. In the iris it causes iritis; in the cellular tissue of a nerve sheath its pressure effects produce anæsthesia in the part supplied by the nerve.

In the *anæsthetic* variety there is a tendency to the formation of tubercle. The anæsthesia is of two kinds, diffused and local. The diffused results from the overgrowth of the cellular tissue of the sheath of a nerve trunk, giving it an irregular fusiform appearance. The local is caused by the same process in the tactile corpuscles or nerve endings. Concurrently with it atrophy of the skin takes place in the part affected.

The difference between the two kinds of leprosy is only a difference of degree. A patch may be said to have—

1st. An edge, raised, thickened, dusky, red colored, and hyperæsthetic.

2nd. A centre, depressed, white colored, and anæsthetic.

3rd. A surrounding zone of dry, dusky, and often abnormally anæsthetic integument.

Hyperæsthesia of the edges is due to the local irritative inflammatory action that takes place there, and causes over sensitiveness of the nerves.

A small patch, which has not undergone atrophic changes in its centre, following the inflammation, is hyperæsthetic throughout, as compared with the surrounding integument; but as soon as this secondary change takes place, sensation in the part becomes lost. In characteristic small patches this change occurs early, so that though diminutive, they may be typical spots.

Diagnosis.—This in the early stages is difficult, even to those accustomed to see the disease. It requires much careful observation to pronounce a man a leper at this stage of the malady. Some years ago a large number of Norwegians were emigrating to America, and the Americans fearing the introduction of leprosy, compelled them to undergo a medical examination. As the Norwegian surgeons said this was of little use; many a leper might escape detection, owing to the inability of those unaccustomed to the disease to diagnose it in its early stages. The appearance of a dusky patch on the skin is not sufficient to prove the existence of leprosy. I would in one advanced case on first sight have called the disease lupus. The chilblains present on her feet were merely an accidental addition tending to complicate the diagnosis; such additions may occur, but are not necessarily present.

Differential diagnosis, from lupus by æsthetic phenomena being absent and the tissue being boggy.

Syphilis by previous history, condition of the teeth and the physiognomy.

Leucoderma, by the absence of the raised edge of the patch, absence of thickening in the surrounding skin, absence of the dusky red color of the margins of the spots, and the red brown color of the intervening integument.

Treatment.—No one can do much to help the victim of leprosy in its later stages. I have no faith in the many vaunted remedies. The patient should be removed to a healthy climate away from the cause of the malady, whatever our increased knowledge of the disease may prove it to be. Fish should not be eaten by them. The patient last mentioned returned to her native English climate, her face improved, the tubercles diminished in size until her face looked almost natural. For the last nineteen years she has been enjoying good health. Her left ulnar nerve is still completely paralysed. The only article she has taken as a medicine, latterly, is port wine; to it she attributes her improved condition. It is an interesting fact, but I do not think the wine did what she credits it with.

Prognosis.—The longest lease of life given to a leper is said to be eighteen years. Many die much sooner. The disease is incurable.

Death.—Death is brought on either by exhaustion or by the setting in of some low form of inflammation.

Comparison.—Leprosy can best be compared to gout—its nearest parallel. Both are hereditary; both are dietetic. Each may overleap a generation, and affect the next. Neither are contagious.

[Professor Schmidt, of New Orleans, recently told me that when working some years ago on the pathological histology of leprosy, he had discovered what he took to be fat crystals. They were identical with what Koch has recently discovered as the bacillus tuberculosis. Prof. S. is not a believer in Koch's theory and thinks that Koch has discovered nothing but a fat crystal.]

Were not his fat crystals true bacilli? Leprosy is a tuberculous disease; it is hereditary. If we find bacilli in tuberculous disease, they ought to be found in leprosy, and if the bacillus tuberculosis is the cause of the one I see no reason why pathological research may not yet prove it to be the cause of the other, and that thus the long mooted point, the cause of leprosy, be forever set at rest.

IS CONSUMPTION CONTAGIOUS?

BY W. J. WILSON, M.D., RICHMOND HILL.

As there was some discussion under the above head in connection with Dr. Graham's able paper on the "Bacillus Tuberculosis" at the last meeting of the Ontario Medical Association, I thought the notes of a case which occurred in my practice about three years ago might prove interesting.

B. W., æt. four months; family history good, and no trace of phthisis or syphilis discoverable in either family.

Has had no illness up to present, is plump, fat, and well nourished. The mother was forced to wean the child when about a month old, and was confined to her bed, so that she could not attend to it by cerebral anæmia. The child was fed on cow's milk from a bottle, and thrived well for a time, having no digestive troubles.

It was attended by a nurse, who was well advanced in consumption, and had free expectoration.

The child slept with the nurse, who, by the way, was in the habit of keeping it close to her face during sleep, and consequently was exposed to her breath for hours together. Nothing unusual was noticed in the child's condition for the first three or four weeks after the nurse's arrival, when it began to lose flesh and cough slightly. This cough and wasting gradually increased, and finally I was called in to see what was the matter with the child, and on examination I found well marked and far advanced phthisis, with frequent cough and great emaciation.

The child died in its eighth month, or three months after the first symptoms were noticed, and four from the first attendance of the nurse.

I may mention in connection with the above history that the same nurse, who has since died of consumption, attended five

other children, and four out of the five died of some wasting disease, said to be similar to B. W., but as I did not see any of them I am unfortunately unable to state its nature.

Selections: Medicine.

Functional Vomiting of Hysteria.—In an article in the *Practitioner* for March, 1883, Dr. Bristowe, of St. Thomas's Hospital, throws a strong light upon the pathology and treatment of this very troublesome malady. He shows that in many instances the irritation exists not in the stomach, as we have hitherto supposed, but in the œsophagus, and that food artificially made to pass over the seat of irritation will be retained, the system nourished, and health restored.

In the spring of last year an aggravated case of hysterical vomiting was admitted into St. Thomas's Hospital. The girl had been constantly vomiting for about four months, and, as a result, was extremely thin and weak. No sign of abdominal disease. Various remedies and plans of feeding were tried without success. It was then suspected that the food never reached the stomach at all.

The act of deglutition was—it had always been—perfectly performed. The mouthful descended to the œsophagus, and then at the end of a minute or two, after the patient appeared to suffer from a great deal of discomfort, she brought it up, as was her custom, without violent straining, but with efforts that fairly well resembled those of vomiting. There were never any clear symptoms of indigestion, no uneasiness after food, no flatulent distension, or tendency to eructate. She vomited all kinds of food, liquid or solid, equally, no matter how little or how much was taken. It seemed impossible that she could vomit from the stomach without the most violent efforts, the minute proportion of milk, ice water, and raw beef which were often administered to her, which, nevertheless, she did reject (after swallowing) almost without change and almost without effort.

Dr. Bristowe's experience furnished him with three examples of a somewhat similar condition. The first, that of an elderly clergyman who suffered from megrim and a peculiar spasmodic affection of the œsophagus. Some time since he took at night a dose of morphia for the relief of a threatened attack of megrim, without the expected relief or even sleep following, until half an hour or so after breakfast next morning, when he became drowsy. He felt satisfied that the drug had lain in his gullet all night, and that it had only been carried into his stomach with his breakfast. This suspicion was on other occasions confirmed, for since then the dose has either behaved similarly or has been rejected in the morning.

The second case was that of a hospital patient, a man over fifty, who had suddenly about a week before admission become incapable of swallowing. Here, the impediment was clearly in the upper part of the œsophagus. An instrument was passed into the stomach. The patient swallowed, after the withdrawal of the instrument without the slightest difficulty, and the dysphagia never returned.

The third case was that of a young man, aged twenty-four, in whom functional vomiting eventually caused death. The only lesion discovered was dilatation of the œsophagus, with hypertrophy of its walls. Dr. Bristowe goes on to say: "I now naturally attached more importance than I had done to the history which he gave of his illness; I admitted that his dilated and flaccid œsophagus had formed a virtual impediment to the entrance of food into his stomach; I became impressed with the important practical fact, that in œsophageal obstruction vomiting may be delayed for half an hour or more, as it is habitually in pyloric stricture; and above all things, my unfortunate experience taught me the importance, in all obscure cases of persistent vomiting, of not omitting to examine the œsophagus, or try the effects of injecting food directly into the stomach."

To return, then, to the case first mentioned, of which complete details are given.

She had been suffering for some three years from an hysterical affection of the hip-joint, and was admitted in May, 1882, for the gastric symptoms. Although the joint affection persisted, it formed a less prominent subject of complaint than it had done previously.

From the first she continued to vomit after whatever was taken; the vomit consisting mainly of the food swallowed and mucus, and the sickness generally coming

on a few minutes after ingestion. It was sometimes, however, delayed for ten minutes or a quarter of an hour. She was ordered a dessertspoonful of milk every half hour, which she vomited. A teaspoonful given at the same interval was likewise ejected. Small quantities of solid food answered no better. After being fed for three weeks by the rectum alone, another attempt was made at giving milk by the stomach, but with unsuccessful result. On the 11th June a tube was passed along the œsophagus into the stomach and three ounces of milk were thus introduced. There was a little impediment met with in the lower part of the gullet, but it was readily overcome, and was evidently not due to any organic disease. The milk thus injected did not provoke any feeling of sickness, and remained in the stomach without causing discomfort.

It was intended to feed her daily by the tube, but she never required it again during her stay in hospital. For the next day or two she took milk in small quantities, returning a little of it only occasionally. Two days after the use of the tube, she began to take a tablespoonful of milk every hour, which she retained. The allowance of food was daily increased until, at the end of two or three weeks, she was taking daily a fair quantity of milk, together with two eggs, fish, pudding, and bread and butter. The nutrient enemata, however, were persisted in for a day or two longer, and were then discontinued, partly because their more nutritive ingredients had been withdrawn for administration by the mouth, partly because the bowels which had hitherto been constipated became loose. To the last the patient appeared to have no desire to take food, and to derive no pleasure or comfort from taking it. Only on one or two occasions did she vomit any of it. The continuance of the diarrhœa retarded recovery, so that she did not appreciably gain flesh, and in fact, when she left the hospital she had only gained two pounds. She was discharged on the 29th of July. A month or two later there was a recurrence of the vomiting, and her mother brought her to the hospital to have the œsophagus tube re-introduced.

"I have little to add by way of comment. There is no doubt of course that in most cases of hysterical vomiting, it is the stomach that rejects the food. But it is obvious that in an undetermined minority of cases of such vomiting, it is the œsophagus rather than the stomach that is in fault, and if in such cases, the irritability or spasm of the gullet can only be overcome, and the food swallowed be allowed to reach its destination, the vomiting will cease. If one has reason to suspect the latter condition to be the cause of his patient's symptoms, it is fortunately easy to put the question beyond doubt by having recourse to the œsophagus-tube or stomach-pump; and if the answer be in the affirmative, to cure the patient of her malady by the repeated use of the instrument and artificial feeding. There is reason, however, to hope that a single introduction may suffice to effect a more or less permanent cure."

Bacillus Tuberculosis not a Parasite.—M. le Professeur Grasset (Montpelier) does not regard the bacillus tuberculosis as parasitic. He says for the bacillus to be parasitic, it must be an independent being, like the tinea or the acarus, without any possible analogy in the healthy or morbid economy. But if the bacteria are anatomical elements like the giant cell, all the recent researches, however full of interest, in no wise demonstrate the parasitic nature of tubercle. The main question, then, is to know if in certain anomalous morbid particular circumstances, bacteria cannot be seen to develop in the organism without the entrance of any germ from without, solely by the transformation of the normal elements of our tissues. On this point MM. Bèchamp and Estor, whose works I have carefully followed, seem to me to have clearly demonstrated, (1) that there exists in our tissues molecular granules—the ultimate atom of physiological divisibility; (2) that these molecular granules can be cultivated in suitable media outside the body and live as ferments of their own life; (3) that the same granules are in certain anomalous or pathological conditions susceptible of being transformed into bacteria. Conclusive experiments prove these facts; pieces of liver placed immediately in paraffin, chromic acid, or even a fusible alloy, present in their centre foci of granules and bacteria after a certain time. There is, however, nothing of a parasitic nature. The same occurs in the pathological conditions, where Estor has likewise found bacteria. Hence granules isolated or grouped

and bacteria, are in no wise parasitic separate beings grafted upon the organism. They are histological elements, nothing more. Remark well that every time new histological elements have been discovered this specificity of form, this characteristic element is thought to have been found. As with the "cancer cell," "the tubercle cell," "the giant cell," so is it to-day with the bacteria. The most careful study, then, always shows that this specificity of form does not exist, that there is only specificity of function. I am convinced that in this doctrine of Bèchamp and Estor lies the only way of reconciliation between clinicians and actual investigators. The laws of the economy, the spontaneity of disease, are too much neglected when a germ from without is necessary to develop the furuncle, while all explains itself clinically—if these bacteria can be produced by a morbid change of the normal elements of our tissues. Note, moreover, that thus we attack the interpretations of M. Pasteur, merely, and not the facts, for his most brilliant achievement is that from vaccinations. This agrees much better with the old theory of virus than with the parasitic ideas. What parasite can be attenuated and give immunity from itself. In a word, bacteria does not prove parasitism, because the bacteria can be formed in the body without a germ from without. Now, to return to tuberculosis, recent researches render concise and complete the pathology of this disease. They show in what lies the element of transmissibility; but if they support the virulent nature—the contagious character—of the disease, they are no more proof of its parasitic nature than the experiments of Villemin.—*Gazette des Hôpitaux.*

DR. BEARD'S "BROMIDE COMP."

℞ Sod. Brom.
Potass. Brom.
Calc. Brom. ..... āā gr. x.
Lithiœ Brom ..... gr. v.
Potass. Iod ..... gr. iip.
Liq. Arsenicalis ..... gtt. ij.
Tr. Capsici ..... gtt. i.
Aq. ..... ad. ℥ i.

℔ Sig.—One dose.

Treatment of Styes.—For hordeolum Dr. David Webster has used calcium sulphide, a granule (gr. 1-10 each) each hour until ten have been taken, repeated daily, with marked benefit.—*Archives of Medicine.*

And now we have yet another rival to atropia in ophthalmic therapeutics in the shape of the hydriodate of hyoscyamin. A report of twenty cases in which it was used at Prof. Seeley's clinic is published by Dr. Tangeman in the Cincinnati *Lancet and Clinic*, May 5th. In all cases only one drop of a four-grain solution was used. The ciliary muscle is affected in five minutes, while, mydriasis is usually complete in ten minutes. Even spasm of accommodation yielded in this time. The paretic condition begins to disappear in thirty-six to forty-eight hours, and accommodation is normal in four or five days. In the matter of time, then, it holds a place between atropia and homatropia. It is moreover claimed that it causes much less dryness of the throat or other disagreeable symptom than either atropia or duboisia, while producing its first effect quicker than either.—*Clin. Med. Review.*

While he does not consider them sufficiently distinctive to warrant a diagnosis, yet Dr. Alois Biach, in *Wiener Med. Presse*, February 11, 1883, gives the following as to symptoms usually observed in cancer of the pancreas (*Med. and Surg. Reporter*): 1, Pain; 2, various dyspeptic disturbances; 3, pancreatic salivation; 4, pancreatic diarrhœa; 5, fatty diarrhœa; 6, the so-called "lipuria;" 7, the presence of a tumour in the epigastrium, which occasionally pulsates; 8, bronze coloration of the skin in occasional cases.—*Med. Review.*

To prevent the skin from discolouring after a blow or fall, take a little dry starch or arrowroot, merely moisten it with cold water, and lay it on the injured part. This must be done immediately, so as to prevent the action of the air upon the skin. However it may be applied some hours after with effect.—*Pharm. Record.*

The Extension of Vice.—Prof. J. Edwards Smith has devoted a year to the study and discovery of adulterations in homœopathic medicines. When adulteration strikes the attenuated gossamer fabric of the *sim. sim. cur.* materia medica, we may well believe that vice reaches every fibre of our social system.—*N. Y. Med. Record.*

Winnipeg desires a Medical School.

Boracic Acid.—Edmund Dana, jr., states, that while cold water and alcohol hold in solution only 18 grains of this acid to the fluid ounce, hot water dissolves 80 grains, but on cooling all except 18 grains precipitates. Hot glycerine on the other hand dissolves 180 grains, and retains the whole amount on cooling. The acid is not soluble in paraffine, wax, vaseline, oil or spermaceti. Vaseline cold or hot does not affect it, but does readily unite with the boracic glycerine at a high temperature and remains permanent on cooling. He suggests the following formulæ as a substitute for the mixtures of vaseline and boracic acid, which he thinks are simply mechanical and sometimes irritating on account of the action of the undissolved crystals upon the ulcerated surfaces:

Glycerite of Boracic Acid.

℞. Acid. boracic ..... ℥iij.
Glycerinæ..... ℥i.

M. Dissolve the acid in the glycerine suspended in a hot water basin until dissolved.

Acid Boracic Ointment.

℞. Acid. boracic. glycerit ℥ij.
Ceræ albæ..... ℥ij.
Vaselinæ..... ℥xij.

M. Mix the wax and vaseline together and while hot add the glycerine slowly with constant stirring while cooling.—*Druggists' Circular.*

Compound Cubeb Paste.—

Take of—Powdered cubebs	½ lb.	
Carbonate of iron	3	ounces.
Powdered jalap	1½	"
" nitre	2	"
Carbonate of soda	1	"
Compound kino powder	1	"

To be formed into a paste with balsam of copaibæ. Dose—one drachm three times a day.—*Mag. of Pharm.*

Lotion for Sub-acute Eczema of the Hands:—

℞ Ext. Grindeliae Robustae fld. ℥ ij.-iy.
Aquæ Oj. M.

Fiat Lotio.

Cloths should be saturated with this and applied to the skin in such a manner as to allow evaporation to proceed until they are dry. The lotion is again applied to the cloths *in situ* and allowed to go on as before. —*Arthur Van Harlingen in Phil. Med. Times.*

The Origin of Respiratory Murmurs.—Chomiakoff and Kotovshtchikoff having repeated the experiments of Aufrecht and Halbertsma, and completed a series of experimental researches of their own, conclude as follows: 1. Aufrecht's theory is incorrect; that is, the bronchial respiratory murmur does not in the least depend upon the movements of quiescent air-columns within the lung. 2. The bronchial murmur originates exclusively in the larynx; the friction of the air against the walls of the large bronchi does not give rise to these sounds. 3. The vesicular respiratory murmurs are of a compound nature. A large part of them have a laryngeal origin; that is, the bronchial murmur originated in the larynx, while passing through the normal tissues of the lungs, changes its characters; and is heard on the lung-surface as a vesicular murmur. The remaining part of the vesicular sounds originates on the periphery of the lung, but the authors are not as yet able to elucidate its mechanism.

A New Galactagogue.—According to Dr. Anderson, nursing women in Jamaica are accustomed to drink an infusion of the leaves of *Gossypium barbadensis.* Six or eight leaves are sufficient to make a cupful of this infusion which, when sweetened with sugar, has a very pleasant taste, may be taken to the extent of four or five teacupfuls in the day without inconvenience, and invariably stimulates the flow of milk.—*Gaz. Méd. de Paris.—Med. News.*

Injections of Tea as an Antidote to Opium, (swel)—Two injections (8 oz. each) of green tea in strong infusion succeeded in overcoming alarming symptoms of acute opium poisoning. Theine and caffeine should be preferably used when at hand. In every case it is indispensably necessary to wash out the stomach. In three cases of alcoholic poisoning the author has also proved the benefit of injections of tea.—*N. G. in L'Union Med.*

Toxicity of Poisons.—M. Delaunay made a communication to the Biological Society to demonstrate that diseased animals support strychnine less well than those that are healthy and vigorous; and that a dose of poison possesses a toxicity in proportion to the amount of water with which it is administered.—*Le Prog. Méd.*

Surgery.

Fracture of the Neck of the Femur and of the Trochanter Simulating a Luxation of the Hip.—D. A., æt. 47, labourer, entered Hopital de la Pitié on the 19th of October, 1881, in the service of M. Verneuil. He was a vigorous well-made man, a confirmed drunkard. Four days ago he fell from a height of about 12 feet, and since then has been utterly unable to move the right lower limb. He cannot state exactly what part of the body struck the ground first when he fell, but declares that a physician, who was immediately summoned, diagnosed a luxation of the hip, and made many vain efforts at reduction. Sent the next day to the Hopital de Corbeil, he was likewise treated for a luxation, these trials though made under chloroform proved as fruitless as those of the night previous. The patient was then sent to M. Verneuil. On admission the following symptoms were found: Enormous swelling of the entire right thigh and of the corresponding hip with great and extensive ecchymosis. Apparent shortening of the limb, abduction and rotation outwards. Considerable swelling of the gluteal region. Abolition of all spontaneous movement, and impossibility of the patient's raising his heel or of correcting the vicious position of his leg. Abduction and rotation outwards only may be produced, but give rise to great pain; rotation inwards, abduction and flexion are impossible. Palpation gives no precise indications on account of the great infiltration of the region. Indeed the head of the femur can be felt nowhere. It appears, however, that the great trochanter has undergone a movement of ascension. No crepitation. Percussing the heel gives rise to no pain in the hip joint. No retention of urine. Temperature axill. 98°6. The patient was examined by many surgeons, some of whom diagnosed *luxation*; others, with M. Verneuil, *fracture*. On the 21st of October the patient was chloroformed and examined. Still M. Verneuil could not find the head of the femur, nor elicit crepitation. In spite of energetic tractions, he could not succeed in bringing the thigh into forced flexion, adduction and rotation inwards, neither could he succeed in extending the limb to its normal length, and during all these manœuvres, the great trochanter moved with the rest of the femur, rising and descending with it. In face of this result M. Verneuil cannot believe in a fracture of the neck of the femur, otherwise the tractions that he made were sufficiently energetic to have corrected the deviation. He concludes then that there is a luxation forwards, and proposes to reduce it the next day with the pulleys. That evening delirium tremens came on, and two days afterwards the patient died. Autopsy: Considerable effusion of blood in all the tissues of the thigh, rising in the sheath of the psoas above the iliac fossa. At this point between the iliac fascia and the muscle is a collection the size of the fist filled with black clots and bloody serum. Notable effusion of an analogous serum in the knee joint. The femoral head was in its normal position in the cotyloid cavity. *Simple fracture of the neck and multiple fracture of the great trochanter.* The fracture of the neck is intra-capsular in front and extra-capsular behind. The fragments are entirely separated; the inferior fragment is retained by Bertin's (Ilio-femoral) ligament alone, the sole portion of the capsule which remains entirely intact. The great trochanter presents a double fracture. 1st. An oblique fracture extending from the inner and upper part of the great trochanter to its lower and outer part, being prolonged backwards so as to separate into two equal parts the lesser trochanter and encroaching for three centimetres upon the diaphysis of the femur. 2nd. A transverse fracture of the upper fifth of the great trochanter. All these fragments present no impaction or even apposition, in a word, they are immobilised by the interposition of portions of muscles which they have torn or perforated, and in which they were enveloped doubtless at the time of the injury. On account of this muscular tearing, one of the osseous fragments has undergone a notable ascension backwards and inwards, and is found at a considerable distance from the surface of its corresponding section.

This observation is interesting both from a clinical and from an anatomical point of view. Clinically it shows: 1. The difficulty of the diagnosis of affections of the hip, and particularly it shows how very slight, at the patient's bedside, are the differences which separate luxation forwards from fracture of the neck. 2. The terrible gravity of surgical lesions in alcoholics and the reserved prognosis which should always be

given in such cases. Anatomically it is remarkable for the extent of the fractured surfaces and the importance of the muscular lesions. The disposition of the different osseous fragments thus enveloped in the muscles may, up to a certain point, account for the absence during life of crepitation, and of pain provoked by pressure upon the two extremities of the fractured limb. In order that there should be pain, and especially crepitation, it is necessary that the fragments should be in contact with one another. Now this contact was here rendered impossible by the interposition of the muscular fibres.—*Le Prog. Méd.*

ANASTOMOSES OF THE MEDIAN NERVE WITH THE ULNAR IN THE UPPER PART OF THE FOREARM.—At the *Société Anatomique* M. Verchère presented some specimens of unusual nerve distribution. In two of them there was a very fine nervous filament arising from the median at the point where the branches are given off from this trunk to the flexor muscles, being directed from without inwards, passing beneath the pronator teres and flexor sublimis muscles, beneath the ulnar artery and terminating in the ulnar nerve by means of a small plexus. This small plexus presents ascending and descending branches, the latter of which are lost in the ulnar nerve and are connected by other finer filaments to each other. From one of its branches sets out the filament which innervates the two internal fascicles of the deep flexor. On the tract of this anastomosis there are small descending branches starting from its convexity and which are distributed to the deep flexors. On another specimen, from the median nerve, at the point where the anastomotic branch usually arises, sets out an oblique descending branch which is lost in the substance of the flexor sublimis; not so high upon the ulnar nerve arises a filament which goes to the two internal branches of the flexor profundus, then at two millimeters from its origin a long slender filament is directed outwards, passes behind the ulnar and after a considerable tract is distributed to the upper extremity of the flexor sublimis very near the point where this muscle was entered by the median filament.

M. Verneuil had asked M. Verchère to make these researches, as he entertained doubts of the usual theory of nerve regeneration. In a case of neuroma of the middle of the arm he had resected four centimetres of the nerve expecting to have paralysis of the flexors, the next day to his great astonishment he found the innervation of the forearm and hand intact. These anomalies in the distribution of the nerves of the arm are pointed out by the older writers, but the more recent classical authors are silent on the subject. M. Verneuil is less and less convinced of the capability of a cicatrised nerve to convey nervous currents—either centrifugal or centripetal. He considers nerve suture an illusion as far as regards the re-establishment of nerve function. There is not a single positive example demonstrating this fact. It is only in neuromas, old lesions, slowly developed, where the collateral nerve circulation has been progressively developed that this re-establishment has been observed.

M. Cornil stated that in animals after section of a nerve the regeneration has been followed step by step, the nerve tubes reappearing with their normal structure in the cicatricial tissue and that this regeneration coincides with the re-appearance of movement and sensibility in the paralysed parts.—*Le Prog. Méd.*

REMOVAL OF AN ULCERATED SCIRRHUS OF THE BREAST BY THE AID OF CAUSTIC ANÆSTHESIA.

BY M. JULES GUERIN.

In the month of January last, a lady æt. 60 consulted me about a tumor of the right breast of seven or eight years duration. It was nearly four inches in diameter, occupying the whole of the breast, being irregular, nodulated in shape; hard to the touch; adhering to the skin, and having two small reddish fissures on the surface from which a small quantity of colored liquid oozed. The rest of the skin was pale, but traversed by large and prominent veins. The tumor was not adherent at the base and could be readily moved; no enlarged glands in the axilla. The general health was bad, and there was a catarrhal bronchitis of eighteen months duration, accompanied by frequent cough and copious expectoration; pains in the kidneys, and cardiac trouble, characterized by frequent intermittance of the pulse, presenting a condition little favorable to operative procedure, which was however decided upon and carried out as follows: I applied around the tumor, about four-fifths in. from

its border, a circular, or rather elliptical layer of Vienna paste, four-fifths of an inch in height and breadth, closely applied and limited by a double band of diachylon plaster. The patient instructed to inform us of the progress of the cauterization stated after a quarter of an hour, that all painful sensation which had been very moderate, had ceased; I, however, left the caustic applied five minutes longer—twenty minutes in all. The caustic having been removed, the surface cauterized, was wiped with lint soaked in vinegar, when a perfectly even blackish band was found. The breast having been raised, I passed a very fine platinum wire between the tumor and subjacent areolar tissue, in order to keep it elevated during the operation. I then incised horizontally and circularly the whole of the cauterized band; this was done without causing the least pain or hæmorrhage, and as if without the knowledge of the patient. Having thus detached from its cutaneous circumference the whole of the tumor, I tore it out with my fingers, dividing with scissors some opposing fibrous bands. The operation lasted ten minutes; but two or three spoonfuls of blood were lost and only one small artery required a ligature, which came away two days after. The patient complained of no pain throughout the operation. The wound was syringed out daily and dressed with lint soaked in a lotion of carbolic acid (1-100) and alcohol (1-4). No febrile movement ensued; the appetite and sleep most satisfactory. But what is most surprising, the cough and copious expectoration ceased almost completely after the eighth day. The cicatrization was most regular. Healthy granulations touched occasionally with nitrate of silver, and dressed alternately with glycerine and carbolic lotion regularly and gradually filled up the excavation. The border of the wound, remaining from the circular half of the cutaneous eschar remained in place more than three weeks, in the form of a band dry and closely adherent to the cutaneous cellular tissue. It separated but gradually in pieces. During this process, two facts were evident, viz.: That the very firm and adherent eschar formed an insurmountable barrier to the passage of the secretions of the wound, and thus prevented all absorption thereof. Such is the first serious operation performed with the aid of caustic anæsthesia. I leave it to surgeons to decide from it, its possible applications, and to the future, to point out how far this method shall—I do not say supplant,—but, assist in certain cases anæsthesia by chloroform.— *Translation from Gazette des Hôpitaux.*

The Control of Hæmorrhage in Amputation at the Hip.—Mr. Jordan Lloyd suggests an application of the elastic bandage to control the circulation during amputation or excision of the hip-joint as a great advance over the abdominal tourniquet or Davy's lever. His procedure is as follows. The limb is first emptied of blood by elevation, combined with gentle frictions towards the trunk. A strip of black India-rubber bandage about two yards long is doubled, and then intrusted to an assistant after passing it between the thighs, its centre being between the tuber ischii of the side to be operated upon and the anus. A common roller bandage (thigh) is then laid lengthwise over the site of the external iliac artery. The ends of the rubber are now to be firmly and steadily drawn in a direction upwards and outwards, one in front, one behind, to a point above the centre of the iliac crest upon the same side. They must be pulled tight enough to check pulsation in the femoral artery. The front part of the band passing across the compress occludes the external iliac, and runs parallel with and above Poupart's ligament; the back of the band runs across the great sacro-sciatic notch, and by compressing the vessels passing through it prevents bleeding from the branches of the internal iliac artery. The ends of the bandage thus tightened must be held by the hand of an assistant placed just above the centre of the iliac crest, the back of the hand being against the surface of the patient's body. A piece of wood may be held in the hand to diminish the pain from prolonged pressure. In this way an elastic tourniquet is made to encircle one of the innominate bones, checking the whole blood-supply to the lower extremity. When the band is once properly adjusted, the assistant has only to take care that it does not slip away from the compress or over the tuber ischii; the former is prevented by securing pad and tourniquet together with a stout safety-pin; the latter by keeping the securing band well above the iliac crest, or even more safely by looping a tape beneath the elastic near the tuber ischii, passing it

behind under the sacrum and having it held in this position.

Mr. Lloyd recommends this method with full confidence, having employed it in four cases of amputation at the hip-joint, one excision, one nerve-stretching, and one exploratory operation. He considers it perfectly satisfactory.—*Lancet.—Phil. Med. Times.*

INJECTION OF PEROSMIC ACID.—PROF. WINIWARTER reports the case of a man with a soft sarcoma in the right side of the neck as large as a baby's head, and adherent to the vessels and nerves of that region. As it could not be operated upon, Prof. Winiwarter decided to practice injections of perosmic acid. For fourteen days he injected daily about three drops of an aqueous solution (1 to 100) of the acid, at the end of which time the tumor was completely broken down. The broken-down parts mixed with sero-pus, were evacuated by an incision, which rapidly cicatrized. One month after treatment was begun there was no trace of the tumor. The skin was intact, and there were no symptoms of local inflammation. This treatment was afterwards adopted in a similar case of sarcoma of the shoulder, in a number of cervical tumors, in cervical adenitis of scrofulous origin, etc. It was also employed in glandular tumors of a carcinomatous nature. The dose in some cases was as much as half a syringeful. Several years ago Dr. Moore used acetic acid in similar cases in the Middlesex Hospital.—*Gaz. Méd. de Nantes.—Med. News.*

TREATMENT OF STYES.—Louis FitzPatrick, L R.C.S., in the *Lancet*, says: The local application of tincture of iodine I have found, after many trials, to exert a well-marked influence in checking the growth of the stye. This is by far preferable to the nitrate of silver, which makes an unsightly mark, and often fails in its object. The early use of the iodine acts as a prompt abortive. To apply it the lids should be held apart by the thumb and index finger of the left hand (or a lid retractor, if such be at hand), while the iodine is painted over the inflamed papilla with a fine camel-hair pencil. The lids should not be allowed to come in contact until the part touched is dry. A few such applications in the twenty-four hours is sufficient, and I have never seen a single instance in which, after this treatment has been resorted to, the stye continued to develop itself.—*Louis. Med. News.*

DIAGNOSIS OF LINGUAL ULCERS.

CHIEF POINTS.	CARCINOMATOUS.	SYPHILITIC.
AGE.	Usually after 4 years. Excpns.	Usually before 45. Excpns.
SITE.	Usually on one side. Tends to invade floor of mouth.	On the upper surface; often in middle line.
EDGE.	Defined, infiltrated, hard, everted.	Less defined, may be excavated and sloughy, not infiltrated or everted. Another s. myositis interstitial and diffuse.
PAIN.	Constant. Darting into ear, etc.	Comparatively slight.
FIXITY.	Marked, from tendency to invade floor of mouth.	Not marked.
GLANDS.	Submaxillary lymphs soon involved, and hard.	Glands affected less rapidly, and to a much less degree. Post. Cervic. as well as Submax. Goes less hard.
PROGRESS.	Steady. Often rapid. Resists treatment.	Slow. Often stationary. Amenable to treatment.
ORIGIN.	In a slight abrasion; a fissure or crack; wart (rare).	In a "lump."
PREVIOUS HISTORY AND CONCOMITANT SIGNS.	Perhaps of irritation.	Of syphilis.

—*Brit. Med. Journal.*

LOOSE BODIES IN THE KNEE JOINTS.—These bodies, familiar to all surgeons, are believed by Dr. Oliver Pemberton (*Lancet*, May 19, 1883) to be due to a chipping or breaking off of the joint surface, and that as time goes on the loose body thus produced is found to present appearances according to its age and, as it were, to the extent of wear and tear in movement it has undergone: at one time being cartilaginous or fibrous, or osseous or mixed, as the case may be, the ultimate shaping and structure of the body being doubtless greatly influenced by the predominance of the rheumatic habit.

He removes them by incision.—*Med. and Surg. Rep.*

GOODELL ON ADMINISTRATION OF ETHER.—One of the chief lessons I have learned from my experience during the year is to administer ether. Hitherto I have, in common with most American surgeons, given this anæsthetic by a closed cone in such a manner that the patient breathed her own air over and over again. I am now disposed to think that this is a very unsafe mode, and that to it is due, in large measure, the alarming prostration of the patient while undergoing the operation. For instance, among the twenty-five cases of last year, cases 70, 71 and 82, presented such profound symptoms of shock that the operation had to be suspended until hypodermic injections of brandy and of ether

were made, and some degree of reaction had set in. In cases 70 and 71, it was indeed with great difficulty that the women were kept from dying on the table, while case 85 clearly died from œdema of the lungs. Now I do not find such alarming symptoms referred to in any report of cases by British operators. I am therefore forced to the conclusion, that either under the strain of rivalry they do not operate in very desperate cases, or their mode of administering anæsthetics is a safer one than ours. Fully impressed with this idea, I have lately been using Dr. Allis's improved inhaler and have thus far found it to act promptly, safely and economically.—*M'd. Med. Jul.*

In urethral stricture "I have," says M. Diday, "in order to avoid confounding it with a spasm and to overcome this, if it exists, an infallible method. When the end of the sound is in contact with the coarctated portion of the canal I suddenly put the following question to the patient: 'How long is it since you have been with a woman?' If it is a simple spasm the sound immediately enters."—*Lyon Méd.*

Midwifery.

The Causes of Head Presentations.—Meeh *(Arch. f. Gynäk, N. Y. Med. Jnl.)* regards the frequency of head presentations as being due to the muscular movements of the fœtus. Extension of a limb, if it meets sufficient resistance, acts upon that portion of the fœtal body contiguous to the limb extended. The most resistant part of the uterus is in the pelvic regions, the most movable, at the fundus and sides. The vertical position, whether the head or the breech is in advance is then the most favorable to stability. Should the breech be in advance extension of the legs, acting upon the resistant pelvis, would most likely cause the fœtus to change position. If the head was in advance the extended feet would act at a disadvantage against the softer parts of the uterus, and the fœtus would be more apt to remain at rest. So also if the arms were extended, they would act upon the softer parts of the uterus above the pelvis. The further the head has advanced into the pelvis the more stable the position. The limbs are usually directed towards the side walls of the uterus which are more yielding than the front, and the right side than the left, where the descending colon and its contents are located. This accounts for the greater frequency of the first position, whether of the head or of the breech, and indeed the same holds true of the transverse position.

Post-Partum Polypoid Tumours.—Dr. H. G. Landis said the physician is sometimes blamed for not completely delivering the placenta, when the real condition is due to other substances than placental tissue.

1. Blood polyps may form after delivery, consisting only of coagulated blood.
2. Blood polyps *may* be associated with retained fragments of placenta or membrane.
3. The same condition may occur with strips of decidua, prematurely detached.
4. The decidual membrane may undergo hypertrophy in places, giving rise to a sessile tumour of some magnitude and causing secondary hemorrhage, septicæmia, etc.

To the few cases on record the writer added the details of two cases observed by himself.

Dr. John Morris, of Maryland; Dr. Watkins, of Kentucky; and Dr. H. O. Marcy, of Massachusetts, cited similar cases.—*Med. News.*

Migration of the Ovule by Vibratile Cilia.—In support of this view late experiments have been made in female guinea pigs in heat, the results of these observations, through defective conditions, were not altogether satisfactory. But in frogs at the menstrual epoch in the clearest manner was observed a complete covering of epithelial cells with vibratile cilia, upon the internal surface of the peritoneum. This epithelium did not exist in males nor in females at any other season. Quite lately very active ciliated epithelial cells have been found upon the peritoneum of female tritons.—*L'Un. Méd. du Nord Est.*

After-pains.—Dr. E. L. Herriott, of Jacksonville, in his Report on Obstetrics to the Ill. Med. Soc. says (*Weekly Medical Review*) that he has accidentally discovered that aromatic sulphuric acid is the best remedy for after-pains.

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, AUGUST, 1883.

THE TORONTO PUBLIC SCHOOL BOARD.

We learn from the Toronto dailies that the efforts of the Medical Health Officer to effect sanitary improvements in the City Public School buildings have met with the disapproval of the Board. Indeed some of the members question his right to inspect and make public the condition in which he found the buildings. In noticing these objections, Dr. Canniff said to a reporter: "As the Medical Health Officer, to whom is entrusted the health of the whole city, I felt it my duty to make myself acquainted with everything connected with the public health and especially public buildings. No buildings could be more important than those in which the youth of our city are detained for many hours of the day, and that naturally turned my attention to them. I have yet to learn that I am not justified not only in visiting the public schools, to see that the sanitary arangements are complete, but in stating, when asked by reporters, the condition in which I found them. In doing so I had no intention whatever of reflecting on the Committee or the Board as a whole. If it had been a question with me whether the board would be glad or otherwise in my taking such action, I would naturally have thought that as a public body entrusted with the interests of children and the public generally, they would have been glad to have received suggestions from the Medical Health Officer, whose duty it was to be more particularly acquainted with sanitary matters." The Editor adds: "This opinion will probably be concurred in by most people. That a majority of the Board do not think so is evident from the fact that they voted down a motion of Dr. Kennedy's to place a medical man on the Sites and Buildings Committee, Dr. Kennedy contending that the members of the Committee knew little or nothing of the duties required of them." The Chairman, in reply, said he was willing to have such assistance "for what it was worth." By this it seems that the Board thinks the Committee is competent to make all necessary sanitary arrangements without the aid of the Medical Health Officer or any other medical man. How far this Committee is qualified to discharge this duty we may judge from the authoritative statements contained in an article published in the *News* of June 27th. This article, we believe we are correct in saying, was written by the Chairman of the Committee. He says, speaking of the proposed alteration of the school buildings: "Whenever it is practicable the down-pipes from the roofs of the buildings are connected with the closets, in order that the rain thus collected may assist in flushing the closets, but nothing except liquid matter is allowed to flow into the public sewers; and the pipes are so constructed that the surface water will flow into them at a distance of about three feet from the bottom of the pit. The Committee has always regarded it as of the utmost importance to allow only the liquid matter to escape into public sewers, believing that the health of the citizens might suffer if all the contents of the pits were to be washed into the sewers, for which there are so many places of exit for impure gases. It has been stated that the Medical Health Officer, during his visits to one of the schools since they were visited by the Committee, intimated that the closets should be completely emptied into the sewers, but the members of the Board who have considered this matter carefully for years (!) do not

agree with the officer in this particular, and in fact would not consent to pursue any such course, believing that if followed the results would be injurious to the public health."

We read this a second time and a third, to see if we have comprehended the meaning of the learned chairman. We believe that all of the closets in connection with the schools are privies, not water-closets. At all events, it is said that nothing but liquid matter is allowed to flow into the sewer, and the closets are generally emptied once a year (although the Health Officer was informed the closets at the Dufferin School had never been emptied, having been in use for some five years, we believe). What, then, is meant by the statement, that where practicable the rain-water is used to assist in flushing the closets? If we understand the chairman, the opening of the pipes to carry off the liquid matter is placed three feet from the bottom. There is then allowed to collect three feet of fæcal matter in the pit. When it rises above that the liquid will be drained off. Are we to understand that all the solid matter sinks to the bottom. Our own observation is that it often floats on the fluid. But how in the name of common sense is the occasional flow of rain-water to assist in flushing the closets? The simple fact is, the rain-water adds to the danger which attends decomposing fæcal matter. During the summer, the liquid portion, at least, would in a great measure pass away by soakage and evaporation, and the danger become less; but the occasional rainfall supplies suitable conditions to keep up active fermentation. So, when the children return to the schools in September, which is usually a hot month, they stand a good chance of contracting poisonous material.

This is the present attitude of the Committee, after having "considered this matter carefully for years!" No, they would not consent to have the fæcal matter carried away, because forsooth, it would be injurious to the public, if all the contents of the pits were to be washed into the sewers. The simple fact is, that all the excretory matter from the schools flowing into the sewers, would be as a drop in the bucket to the volume of fæcal matter now poured into the sewers from different sources. Then the liquid matter may be quite as deleterious as the more solid.

THE MEDICAL SCHOOLS IN TORONTO.

We have received the Annual Announcements of the Toronto and Trinity Medical Schools for 1883-4. We are glad to know that both are prosperous, and that their growth is quite in proportion to that of our flourishing city.

We note with pleasure that the Faculty of the Toronto School of Medicine "having found the summer session of 1883 successful beyond their expectations, have decided to make it a permanent feature in their course of instruction."

We are also glad to notice that the Toronto School Announcement of this year contains a complete catalogue of the very excellent museum in connection with that institution. Dr. Oldright, who has had charge for the last twelve years, had a large amount of material to commence with, has been making large additions every year from various sources, has worked most assiduously in putting his specimens in proper shape, has arranged the contents in a most convenient and suitable way, and now, as the result of his labours, can point to a collection which is as creditable to himself as we hope it will be useful to the students connected with his school.

The system, carried out for years, of having the clinical teaching of both medical schools in the hospital so arranged that it will be available for all the students in Toronto, will still prevail in the coming session. The students will thus be enabled to attend a course of practical hospital teaching which can scarcely be excelled on this continent.

DOMINION MEDICAL ASSOCIATION.

The next meeting of this Association will be held in Kingston on Wednesday and Thursday, 5th and 6th September. At the last meeting held in Toronto, it will be remembered a discussion took place on that portion of the report of the nominating committee which recommends Kingston as the next place of meeting, and an amendment in favour of Montreal was defeated by a fair majority.

It was thought by many that a meeting in the "Limestone City" might awaken more interest among the Profession of that vicinity in the proceedings of the Association than has hitherto been manifested. There are many other reasons for the choice, and we hope the selection will prove a wise one. As Kingston is easily accessible both by land and water, there is no reason why the meeting should not be a large one.

We are authorized to request members of the Association to send titles of the papers they intend to read to the General Secretary, Dr. Osler, of Montreal, as soon as convenient. It is desirable that a printed programme should be ready for distribution among the members on the morning of the first day, and it will be a very simple matter for the Secretary to prepare this if he gets due notice respecting the papers.

The members from the west may either take the boat at Toronto about two in the afternoon on the day before the meeting, thus reaching Kingston about daybreak on Wednesday morning, or leave by train about seven or eight on Tuesday evening. Arrangements are being made with railroad and steamboat companies for reduced fares.

ONTARIO MEDICAL ASSOCIATION.

Dr. D. Clarke, President of the Association, has named the *personnel* of the committees for the next annual meeting as follows:—Necrology—Chairman, Dr. Bryce, Toronto; Drs. Lepper, Meaford; Patterson, Markham; Smith, Pyne, Marshall, and Martin, Toronto; Dickson, Day, Harrowsmith; Webster, Norval; Sonnett, St. John's, Radford, of Galt. Audit—Chairman, Dr. Elliott, Lindsay; Drs. Armstrong, Markdale; Irving, Kirkton; Miller, Woodhill; Robinson, Markham; Stutt, W. Flamboro'; Ward, Napanee; Wilson, Richmond Hill; and Geo. Wright, Duncan, Sweetnam, Sinclair, Hunter, and Wallace of Toronto. Arrangements — Chairman, Dr. Mullin, Hamilton; Drs. Case, Leslie, Philp, and Woolverton, of Hamilton; Inksetter, Dundas; and Vanderburgh, Merritton. Papers and Business—Chairman, Dr. Nevitt, Toronto; Drs. McLean, London; Hunter, Ballantrae; Fairchild, Brantford; Todd, Georgetown; Wood, Delhi; Thom, Streetsville; Duncan, Thamesville; Fraser,——; and Drs. Canniff, Buchan, Riddel, Stark, and Ferguson, of Toronto. Medicine—Chairman, Dr. Harvey, Watford; Drs. Hunt, Clarksburg; Gillies, Teeswater; Caw, Parkhill; Beaton, Orillia; Battersby, Port Dover; Rae, Oshawa; Nation, Uxbridge; McTaggart, London; Orr, Hastings; Macdonald, Hamilton; and Barrett, Geikie, Davidson, W. H. Aikins, Carson, McFarlane, Playter, O'Reilly, and Sheard, of Toronto. Ophthalmology and Otology—Chairman, Dr. Palmer, Toronto; Freel, Stouffville; Henderson, Kingston; Hamilton, Port Hope; O'Reilly, Fergus; Powell, Edgar; Stalker, Ripley; McKechnie, Thorndale; Mitchell, Enniskillen; and Drs. Ryerson, Reeve, Rosebrugh, McPhedran, and Holmes, of Toronto. Surgery—Chairman, Dr. Burt, Paris; Campbell, Seaforth; Street, London; Christie, Flesherton; Digby, Brantford; Yeomans, Mt. Forest; McNaughtin, Erin; Hurlburt, Brucefield; Dupuis, Kingston; Bascom, Uxbridge; Burrows, London; McLean, Goderich; and Drs. Fulton, Oldright, Aikins, Zimmerman, A. H. Wright, Thorburn, Wagner, Burritt, of Toronto. Obstetrics—Chairman, Dr. J Ross, Toronto; Drs. Ghent, Priceville; Bogart, Campbellford; Groves, Fergus; Hillary, Aurora; Smith, Sparta; Turver,

Parkdale; St. Clair, Paris; Rosebrugh and Malloch, Hamilton; Lovell, Ayr; O'Gorman, Hastings; McCrimmon, Lucknow; Gould, King; Freeman, Milton; Baird, Pakenham; Bray, Enfield; Kitchen, St. George; and Drs. Workman, H. H. Wright, Burns, Strange, Macdonald, and King, of Toronto.

THE RELATION OF HOSPITAL STAFFS TO STUDENTS.

The *New York Medical Record* discusses in a very sensible manner the letter of an Ex-Resident of one of the New York hospitals. The Ex-Resident begins his letter with the rather startling assertion that the clinical advantages given to the medical student are inadequate when compared with the material at the disposal of the hospitals. He maintains his proposition in a style that cannot be gainsaid. The hospital physicians, as a rule, to which we are glad to know of several shining exceptions, do perform their duties to the students in a perfunctory manner. It is to be hoped that the patients profit more than the majority of the students by the presence of such men on the hospital staffs. The fault is not all upon one side. The physician is to blame perhaps more than the student, for he has the knowledge which the student has a right to be made a partaker of; and the physician should strive to make that knowledge attractive and useful to the student. An enthusiastic teacher will always manage to have diligent and attentive pupils. The student, if he sees a teacher dull, apathetic, in a hurry, passing over cases with a few general questions and a rapidly written prescription, will soon shrug his shoulders and barely stifle a yawn at the ordinary run of cases, but will prick up his ears at the faintest rumour of some great surgical operation, which he will rush off to see and endeavour to get a front seat, and spend an hour or more in watching the facility with which the eminent surgeon cuts, saws, sews and twists, then will go home and sigh for a similar case for *himself* to operate upon.

The minute investigation of each case occupies time, occasions trouble, inconvenience and many times entails loss to the physician; but the gain to the student is incalculable. The methodical examination of a chest, for instance, how often is a student shown how to conduct such an examination, and told what sounds have been heard and their meaning explained?

In the matter of a consultation of the staff, how many students ever saw how such a consultation was conducted. As a rule the patient is examined by each in turn, or perhaps has been examined in a semi-private manner, and the examiner's dictum been left with the resident surgeon. But, how often does the student know more than the result of the consultation, would not the detailed reasons for the mature opinion of each consultant be of use to the student, who perhaps in his first month in practice will be called upon to hold a consultation on a similar case.

Very few students have an opportunity of administering anæsthetics, and it is not often that a practical course is given detailing the manner of administration, the dangers incident to them, and the means of obviating them. The *Record* speaks strongly on this point, and we entirely agree with it

WOMEN ON GENERAL HOSPITAL STAFFS.

At a recent competitive examination for the house staff of the Mount Sinai Hospital, Dr. Josephine Walker, a graduate of the Woman's Medical College of the New York Infirmary, was a successful candidate, and received the appointment.

Dr. Caroline S. Pease has been appointed a member of the staff of the Troy Hospital, Troy, N.Y.

Mr. Mulcahey can see no earthly reason why women should not be allowed to become medical *men*.

We welcome with great pleasure the appearance of the *Journal of the American Medical Association*. It is to contain thirty-two pages of reading matter weekly. The contents of the first number consist in Original Articles, Notes on Medical Progress, Editorials, Correspondence and Medical Societies. The *Journal* is somewhat similar in appearance to the *Philadelphia Medical News*. The promptitude of the editor is to be commended in thus fulfilling the promise made at the last meeting of the Association.

A General Index of the Transactions of the Association from the date of its organization to the present time, is in course of preparation. By sending *one dollar* to the Treasurer, Dr. Richard J. Dunglison, P.O. Box 2386, Philadelphia, a copy can be secured.

Those wishing to subscribe to the Journal of the Association can do so by forwarding their address and five dollars to the *Journal of the American Medical Association*, 65 Randolph street, Chicago, Illinois.

The American Ophthalmological and Otological Association met July 16, at the Hotel Kaaterskill.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Regular meeting, June 14, the President in the chair.

Dr. Cleland was proposed for membership.

Dr. Cameron showed a boy aged eighteen with the following history: He is the third child; was born at full time. One of his sisters has suffered from rheumatism. At five years he took scarlet fever; was much reduced, but no otorrhœa or anasarca; at six years had St. Vitus' dance, which lasted seven months. At this time he complained of his nose. At twelve years he went to work on a farm, and kept well till three years ago, when he had zona for three weeks; after this, whenever he got wet, a rash came out on lips, and they would swell. About a year later the throat and nose got sore; difficulty in swallowing, and scabbing in nose, followed by discharge and offensive breath; kept getting worse till a year ago in April, when he went to the hospital, where he stayed for a month and improved under carbolic spray and internal medication; has been subject to otorrhœa from left ear, and when in hospital got erysipelas. His present symptoms were aggravated by catching cold. Besides the otorrhœa, he presents the somewhat rare condition of adhesion of the soft palate to the pharynx, with perforation. Dr. Cameron considers it a case of congenital syphilis, the adhesion being due to the breaking down of gummata.

Dr. Palmer, referring to the presence of tinnitus, remarked on the cause, viz.: rarefaction of the air in the naso-pharyngeal space. He prophesied complete deafness, unless a communication was established between the mouth and naso-pharynx.

Dr. Reeve remarked that an opening in the membrana tympani might accomplish the desired end; but he did not advise it.

Dr. Cameron thought that the perforations in the soft palate allowed sufficient communication; operations for that purpose had usually been unsuccessful. He suspected necrosis of the bones in the nasal cavities; if so, their removal would doubtless improve the condition.

Dr. Macdonald presented a heart containing only two cavities, viz., an auricle and a ventricle. History: K—— æt. twelve, tall for her age; an inmate of the Orphans' Home; has always been cyanotic; heart's action laboured, with a presystolic murmur at the base, but heard to the left of the sternum at the second intercostal space; breathing regular; has had no pain; death caused by tuberculosis. The condition of the heart was only discovered *post mortem*.

During life the foramen ovale was supposed to be patent.

Dr. McPhedran considered the murmur to have been due to the arterial and venous streams meeting in the single cavity.

Dr. Cameron referred to the theory of the formation of the normal heart from a single blood vessel.

Dr. Sheard explained and illustrated Kolliker's idea. The tube is bent upon itself, the septum being formed by the coalescence of the walls of the vessel. This septum grows downwards, ultimately completing the separation between the ventricles.

Dr. Cameron was of opinion that the septum grows from below upwards, as, if any deficiency is found, the opening is above, not below.

Dr. Sheard said that such cases were due to the great size of the foramen ovale. In them it extends below the auriculo-ventricular ring.

Dr. Ryerson showed a temporal bone which was carious to a large extent on the superior surface of petrous portion. It was removed from a man æt. 32, having the following history: On morning of 24th May was seen by Dr. Sweetnam; had great pain in head, dizziness, seemed rather silly and out of his senses; temperature 101°. Anorexia, constipation. History of chronic discharge from right ear. Symptoms varied in severity for a couple of days when he was advised to go to the Hospital by his medical attendant, which he accordingly did. When seen by Dr. Ryerson on the 26th, he had great pain in head. Vomiting of most offensive material. Quick weak pulse, loss of appetite and fever. He wandered about in his night dress during the day, and otherwise acted in a delirious fashion. There was a thin brownish and very offensive discharge from right ear. He was almost absolutely deaf. Ophthalmoscopic examination was negatived by the restlessness of patient, there was no swelling or venous enlargement over mastoid process.

The Doctor practised a free incision about 1½ in. long, down to bone over mastoid with view of local depletion. Bled freely for an hour or more, after which patient seemed a good deal better. Pain much less, symptoms however, soon recurred. He became gradually comatose and died on June 7th. Post-mortem next day by Dr. Sheard revealed large quantity of serous fluid beneath dura mater. Brain congested. Pus along base of brain and a collection of pus in substance of hemisphere at some distance from surface and separated at some distance from carious bone by comparatively healthy brain substance.

Dr. Ryerson in remarking on case pointed out the importance of attending to discharge from the ear, and that in the vast majority of cases the pus came from the middle ear. He stated that of 76 cases of abscess of the brain collected by Gull and Sutton, 25 or nearly one third were caused by ear disease. Lebert states that at least one fourth of all cases are from this cause. Field of London states that of 500 cases of perforation of membrana tympani from *all causes*, one per cent. died of abcess of the brain. The history of these cases was generally this:—Earache and discharge for a period varying from a few months to forty years. A blow on ear or a severe chill, then follow fever, intense headache, dizziness, distressing noises in ear, nausea vomiting, constipation, loss of appetite, delirium, twitching of muscles, paralysis of face, of extremities of same side, coma, and death.

The pathological processes were suppurative inflammation of lining membrane of middle ear, ulceration of same, periostitis, ostitis, caries, and necrosis.

The question might arise in such a case as the above, would perforation of the mastoid have been advisable? Probably not. An instance was mentioned in which the symptoms were held to justify the operation. The relief although great was only temporary.

Dr. Cameron wished to know if œdema above and below the zygoma had been noticed in the first mentioned case.

Dr. Reeve pointed out that suppurative otitis may, in many instances, be prevented by free and early local depletion, irrigation, solution of atropin, and the use of Turkish and other baths.

Dr. Ryerson, in answer to Dr. Cameron, said that there was no œdema in this case—he had often noticed it in mastoid disease.

Dr. Sheard showed a peculiar cyst—it was in connection with both ovaries—these being in a state of suppuration. The question was, ovarian or parovarian? He inclined to the opinion that it was an ovarian cyst.

The President presented a specimen of pleuritis and endocarditis. At the autopsy, on cutting into the left pleural sac, what seemed almost to be a third pleural covering was seen. It was placed between the visceral and costal layers—being very slightly adherent to the latter.

After the paper for the next meeting had been announced, viz.: "Taking Cold," by Dr. Ryerson, the Society adjourned.

Regular meeting, June 28th, the President in the chair.

Dr. Cleland was unanimously elected to membership.

Dr. King sent an interesting specimen, with notes. In his absence the notes were read by the Secretary.

Dr. King presents facts concerning a twin pregnancy of 7 months duration, the last three of which the patient carried a living and a dead fœtus. The latter together with the membranes and placenta and the placenta of the living fœtus were exhibited. Dr. King was called to see Mrs. P——, about four miles out of the city about one o'clock on Tuesday morning, the 26th inst., and on arrival learned that she was in veritable labour, though two months short of her full time, and that she had been in labour since 7 o'clock on the morning of Monday. It was a case of multipara, one confinement producing twins. The pains were constant but not very strong and patient very much exhausted, and bore a most anxious look. Digital examination revealed os well dilated and some uncertain presentation which he could not at first define. Owing to the excitable condition of patient he administered chloroform, and passed the hand into vagina when the diagnosis became positive after rupturing the membranes. The presenting part was a dead fœtus of four months growth, lying transversely head to left side. By easy manipulation it was removed still enveloped in the membrane. The membrane which accompanies the specimen being removed, the dead fœtus was found to have the head flattened by the growth of the living fœtus as found by inspection of the specimen. An attempt to remove the placenta by gentle traction failed, and further digital examinations revealed the protruding bag of waters of a second fœtus which by pressure against head was found to be alive and presenting naturally. Pressure upwards permitted escape of aforementioned placenta. In a few minutes this child was delivered, subsequently both placentas came away with gentle traction. The placentas are included in the specimen presented. The funis of the dead fœtus was between 3 and 4 inches longer than that of the living one by actual measurement. About April 1st, the mother was called by telegram to a dying brother and received a shock, she however, left immediately on a long journey by rail, reaching the get-off station in the night. Not being met by friends, she undertook to walk to her destination a distance of two miles, and was so ill, that she had to sit down and tarry for some time by the way before completing her journey. Ever since she felt as if "something was not right," she was different from what she had been on previous occasions. The following points appear to be the chief ones:—

a. The living fœtus had undergone seven

months of gestation, and to-day still gives promise of living.

b. The appearance of the dead fœtus would correspond in development with the time the patient had been pregnant, on April 1st., viz. 4 months.

c. The presence for three months *in utero* of the dead fœtus, does not appear to have affected the living fœtus detrimentally to any appreciable extent.

d. Both fœtuses were female.

e. Funis of the dead 3 inches longer than that of the living.

f. The firm consistency of the placenta of dead fœtus in contrast with that of the living one.

g. Fluid expelled with dead fœtus dark and grumous, but very little odor of decomposition.

h. The living child weighs about four and a-half pounds.

Dr. G. Wright considered that the fœtus could not have been dead for three months. Dr. Davidson thought the fœtus to be between the fifth and sixth months. Probably pressure had produced the fatal termination.

Dr. G. Wright presented a pathological specimen from an interesting case of Hodgkinson's disease, with the history.

The paper for the evening was to have been read by Dr. Ryerson—in his absence, the President called for Cases in Practice. Cases were given by Dr. Duncan, Dr. Spencer, and Dr. G. Wright, which were discussed in a conversational manner. The hour for adjournment having arrived it was on motion, resolved to adjourn over the months of July and August, the next meeting to take place on the first Thursday of September.

RIDEAU AND BATHURST MEDICAL ASSOCIATION.

The annual meeting of this Association was held at Arnprior, on Wednesday, 27th June; all quarters of the district being well represented. After routine business the President delivered his annual address, and reported upon the business of the recent meeting of the Medical Council. A general discussion upon details, relating to the district followed.

Papers were read by Dr. MacFarlane, Almonte, upon the *Bowels in Typhoid Fever*, and by Dr. Groves, Carp, on *Lead Poisoning*. Dr. Burns, Almonte, reported a case of gunshot wound of abdomen. The papers were very exhaustive, and evidenced much research and original thought. The discussion following each paper was general, and entered in by all.

The officers are as follows:—Dr. Cranston, Arnprior, President; Dr. Malloch, Ottawa, First Vice-President; Dr. Groves, Carp, Second Vice President; Dr. Hill, Ottawa, Treasurer; Dr. Small, Ottawa, Secretary.

And a Council composed of Drs. Dickson, Armstrong, Rattray, Baird, Burns, Bell, Grant, Sweetland, and H. P. Wright.

Book Notices.

Annual Announcement of the New York Polyclinic. Session 1883-4.

Annual Announcement of the Toronto School of Medicine. Forty-first session 1883-4.

Sixteenth Annual Announcement of the Detroit Medical College. Session 1883-4

Fifty-first Annual Announcement of Faculty of Medicine of McGill University. Session 1883-4.

Twenty-Third Annual Announcement of the Bellevue Hospital Medical College. Session 1883-4.

Report of Proceedings Illinois State Board of Health, Quarterly Meeting at Springfield, June 29, 1883.

Second Annual Announcement of the College of Physicians and Surgeons of Chicago. Session 1883-4.

Official Guide Book to the Canadian Pacific Railway Lands situated in Manitoba and Northwest Territory.

Guatamala: An address delivered at the opening of the California State Medical Society, April, 1883. By Dr. L. C. Lane.

Weekly Health Bulletin and Meteorological Record for Province of Ontario. By

P. H. Bryce, M.A., M.D., Sec. Provincial Board of Health.

List of Premiums, Rules and Regulations, Fifth Annual Exhibition of Industrial Exhibition Association of Toronto. Sept. 11 to 22. Competition open to the world.

Closing Exercises of the Practitioner's Course of Lectures in the Hahnemann Medical College and Hospital of Chicago, Ill., 26th March, 1883.

The Medical Register has become "The Polyclinic," and is conducted by the Faculty of the Philadelphia Polyclinic and College for Graduates in Medicine. It appears monthly.

Weekly Health Bulletins and Meteorological Reports of the State of Michigan, and monthly Mortuary Statistics of the City of Lansing, Mich., for the month of June. By Henry B. Baker, M. D., Sec. State Board of Health.

Quarterly Retrospect of Surgery. Prepared by Francis J. Shepherd, M.D., C.M., M.R.C.S., Eng., Surgeon to the Montreal General Hospital, Lecturer on Anatomy, Operative and Minor Surgery, McGill University. Reprinted from the *Canada Medical and Surgical Journal*, June, 1883.

The Medicinisch - Chirurgisches - Correspondez-Blatt is the name of a new monthly published in the interest of German-American Practitioners by Dr. Marcill Hartwig, of Buffalo, N. Y. It is well issued in the superior style of American journalism, and must prove a great boon to those for whom it is more especially intended, and an excellent source of information and medical news to all.

Dio Lewis Monthly, No. 1, vol. i, for August, 1883, now lies before us. The persistent and successful efforts of Dio Lewis to popularize sanitary science and present the vital questions it involves in an attractive and pleasing form, are so well known that no further commendation of this new venture is required beyond the plain announcement of its timely and comely appearance.

On the Disposal of Sewage. Paper No. 11, issued by the Provincial Board of Health of Ontario.

This is a valuable pamphlet, whose wide diffusion will do much to disseminate sound views upon this important and vital subject, and accomplish much good, we trust, throughout the land.

The Microscope and its Revelations. By W. B. Carpenter, M.D., LL.D., F.R.S., etc. Sixth Edition. New York: Wm. Wood & Co; Toronto: Willing & Williamson.

This work is published in two volumes form the April and May numbers of Wood's Library, 1883. It is probably the best treatise written for the general microscopist, although it contains nothing purely medical.

Handbook of the Diagnosis and Treatment of Diseases of the Throat, Nose and Naso-Pharynx. By Carl Seiler, M.D. Second edition. Revised and enlarged; with 77 illustrations. Philadelphia: H. C. Lea's Son & Co, 1883. Toronto: N. Ure & Co. Price $1.75.

After a lapse of four years a second edition of this excellent little manual of Dr. Seiler, makes its appearance. Numerous additions have been made, especially in the section on the nasal cavities. The illustrations have been both increased and improved; and in every way the work continues to deserve a perpetuation of the large share of professional favour it has already received.

Therapeutic Handbook of the United States Pharmacopœia. By Robert F. Edes, A. B., M. D., (Harvard); New York: Wm. Wood, & Co., 1883.

A nicely gotten-up book, printed and bound as a companion to the new edition of the U. S. Pharmacopœia and containing about 400 pages. The therapeutic hints are little more than hints. The usefulness of the work we do not consider to be commensurate with its size, nor with the labour necessary to compile the information contained therein. Towards the close of the book a few non-officinal drugs are mentioned such as coto, nitro-glycerine, trimethylamine, etc. Then follows a classified list of remedies, and then a list of poisons and their antidotes, amongst which we notice that the antidotes for atropine are curiously named: belladonna, stramonium, hyoscyamus, evidently a typographical error—but one of sufficient magnitude to have attracted the eye of the proof-reader.

The Practitioner's Ready Reference Book. By Richard J. Dunglison, A.M., M.D. Third edition. Thoroughly revised and enlarged. Philadelphia: P. Blakiston, Son & Co., 1883.

This is probably the most remarkable book ever written by a man of Dr. Dungli-

son's calibre. It contains the most curious admixture of heterogeneous pieces of information (nearly always useful) it has ever been our lot to meet. Nevertheless the attainment of a third edition in six years attests the filling of a want. Unfortunately it does not at the same time attest the existence of a high standard of attainment amongst those to whom it has proved most useful. The weakest part is the section on Poisons and Antidotes. Many parts, such as "How to use a Galvanic Battery," "How to Apply Trusses," etc., taken from such works as Tibbits' and Wood's, are excellent. All sorts of subjects are treated of, and in this last edition numerous and important additions have been made. To recent graduates it will, of course, prove most serviceable.

The Pathology and Treatment of Diseases of the Ovaries. By Lawson Tait, F.R.C.S., Edin. and Eng., Surgeon to the Birmingham Hospital for Women, etc. New York: William Wood & Co. Toronto: Willing & Williamson.

Mr. Lawson Tait is well known as one of the most progressive surgeons of the day. His more recent operations in abdominal and pelvic surgery have been followed by results both brilliant and successful. He has laid down the following Surgical law, "That in every case of disease in the abdomen or pelvis, in which the health is destroyed or life threatened, and in which the condition is not evidently due to malignant disease, an exploration of the cavity should be made," and considers that the abdominal cavity may be opened in such cases with "perfect safety." His operation for the removal of the ovaries and Fallopian tubes is generally known as "Tait's operation," but is called by himself the "removal of the uterine appendages." His reports of cases of this description, as well as those of abdominal section for gall stones, pelvic suppuration, etc., are very interesting. This is the fourth edition of the work, but when compared with former issues shows many changes and additions. Every practitioner should know what Lawson Tait is doing, and the simplest way to acquire such knowledge is to read this book.

The Diseases of Women, a Manual for Physicians and Students. By Heinrich Fritsch, M. D., translated by Isidor Furst. New York: Wm. Wood & Co., 1883.

This book, with its brilliant covers, forms the March number of Wood's Library of Standard Authors. It is an eminently practical work, as shown in many little points throughout the various descriptions, etc. For instance, in stating that it is necessary to insert two fingers into the vagina for the purposes of diagnosis, "the middle finger is always inserted behind the first, even in multipara. The expert causes little pain, for the penis is thicker than two fingers." In speaking of vaginal irrigations he details a convenient method of carrying them out, but we submit that it is not a very efficacious one, as the patient is directed to be in a sitting position. The description of the characters of the fluids obtained by tapping the various ovarian and abdominal tumours is good. The wood cuts are unusually clear, and many of them are new. We can cordially recommend the work to those for whom it is intended—more especially as no preface sets forth the many reasons that induced the author to supply a long-felt want, nor his peculiar fitness for the self-imposed task.

A Treatise on Therapeutics Comprising Materia Medica, and Toxicology with especial reference to the application of the Physiological action of Drugs to Clinical Medicine. By H. C. Wood, M.D., Philadelphia: J. B. Lippincott & Co., 1883.

This well-known work which has now reached its fifth edition, preserves its pristine energy. The author has not lagged by the wayside, but has brought the subject matter quite up to the onward march of the times. His classification is more or less based upon Physiological grounds. But as he says "a system of classification is merely a row of pegs upon which to hang our ideas and facts." It makes little difference if the system be to our taste or not, provided the ideas are handy and the facts correct.

His method of treatment is to give a short definition and description of the class and sub-class and of the various members of the sub-class. He takes up the Physiological action, Therapeutic uses, Toxicology and mode of administration of the chief or more important remedies. The various theories deduced from experimentation and the experiments themselves, are placed in a very clear light, and a short criticism where it appears necessary is appended. He freely assents to or boldly disagrees with

previously recognized opinions, yet is always reasonable, impressing one with his individuality, yet avoiding dogmatism. The information is culled and condensed from the best sources, domestic and foreign, in many cases confirmed or contradicted by personal experimentation.

A valuable general index, also an index for diseases, close a volume which we heartily commend to the Profession as embodying in a concise form the latest researches in Therapeutics.

Personal.

Prof. Huxley has been elected President of the Royal Society.

M. Pasteur, has organized a commission for investigating the cholera in Egypt.

Dr. O. S. Winstanley has returned from his trip to the Old Country.

Dr. Uzziel Ogden is now in Italy. He will return to Toronto in September.

Dr. Mullin, of Hamilton, is President of the Canada Medical Association this year.

John A. Lidell, M.D., æt. 60, died suddenly in New York, on the 8th of July.

Dr. Heneage Gibbes has been appointed to the Chair of Physiology and Histology in the Westminster Hospital.

W. T. Sedgwick, Ph. D., has been made Professor of Biology at the Massachusetts Institute of Technology, Boston.

Prof. John Marshall, of University College, succeeds Sir Spencer Wells as President of the Royal College of Surgeons.

The Professorship of the Buffalo Medical College has been offered (so it is reported in the *Medical News*) to Dr. Roswell Park, of Chicago.

Dr. Herbert Mickle (Trinity '81), who spent two years in London, where he took the M.R.C.S. and L.R.C.P., Lond., has returned to Canada.

Dr. J. T. Duncan has been appointed Associate Coroner, in and for the city of Toronto, the resignation of Dr. Riddell having been accepted.

Dr. F. S. Dennis has been appointed Professor of Surgery at Bellevue Medical College, to fill the vacancy caused by the death of the late Dr. Van Buren.

Dr. Burns, of Toronto, was well pleased with the kind treatment he received from the genial and hospitable medicos of Montreal, while there in July.

Dr. John A. Octerlony has been elected Professor of Obstetrics and Diseases of Women and Children, at the University of Louisville, to succeed Dr. Theophilus Parvin.

Dr. Reginald Southey, having been appointed Commissioner in Lunacy in the place of Dr. Robert Nairne, resigned, has ceased to be Physician to St. Bartholomew's.

Dr. John C. Dalton has resigned the Professorship of Physiology in the Coll. Physicians and Surgeons of New York, and has been succeeded by Dr. John G. Curtis.

Dr. Grant, of Ottawa, passed through Toronto, July 6th, on his return from the Northwest Territory, where he made a rather extended tour of three weeks' duration.

The names of Dr. Sullivan, of Kingston, and Dr. Grant, of Ottawa, are mentioned in connection with the vacant senatorships. Better appointments could not, we believe, be made.

The Professorship of Anatomy and Surgery in Trinity College, Dublin, is vacant, owing to the appointment of Dr. Alexander Macalister to the *Chair of Anatomy* in Cambridge.

Dr. Burnham, oculist and aurist, who since graduating has spent eight years in England (being six years resident at Moorfields) and the Continent, has settled in Toronto.

Mr. Geo. Fleming, LL.D., President of the Royal College of Veterinary Surgeons, has been appointed Principal Veterinary Surgeon to the Army, irrespective of seniority.

Her Majesty has signified her intention of conferring the honour of Knighthood upon Mr. Edwin Saunders, F.R.C.S. Eng., F.G.S. Mr. Saunders has been for many years Dentist to the Royal Family.

Dr. Theophilus Parvin, of Indianapolis, was elected Prof. of Obstetrics and Diseases of Women and Children at Jefferson Medical College, Philadelphia, in place of Dr. Ellerslie Wallace, resigned.

Dr. Spina, Koch's opponent, has been nominated Professor of General and Experimental Pathology at the University of Prague. The *N. Y. Record* says this may be

considered an endorsement of the value of Spina's work.

The Kingston Women's Medical College have appointed a faculty as follows: Obstetrics, Dr. M. Lavell; Surgery, Dr. M. Sullivan; Anatomy, Dr. Garratt; Materia Medica, Dr. Oliver; Medicine, Dr. Saunders; Medical Jurisprudence and Sanitary Science, Dr. Fenwick; Institutes of Medicine and Histology, Dr. Phelan. Botany and Chemistry will be taken in the Arts course of Queen's College.

Miscellaneous.

The *N. Y. Record* says the bacillus tuberculosis may have killed many men; it has made two—Koch and Spina.

The Cholera appears to have got a foothold in Egypt. If the Arabian Cholera is really that plague which always makes its way into Europe, and from thence to this continent, we may begin to look out in about two years time.

The Medical Colleges of the United States now in existence number 110, while the total number in Canada is only 9. The schools of the United States graduated 4,299, out of a total of 12,454 matriculates, at 34.6 per cent.—*Gaillard's Med. Jnl.*

Removal of Freckles.—The careful application of a small piece of the ointment of the oleate of copper at night upon retiring will usually remove freckles. The ointment is usually prepared by dissolving one drachm of the salt of oleate of copper in sufficient oleopalmitic acid.—Shoemaker.

Are French flats healthy? Yes, very. Are people in them healthy? No. Why? They have to starve and go half naked to pay the rent. Why are these flats called French flats? To distinguish them from American flats? What are American flats? The people who live in French flats.—*Cin. Lancet and Clinic.*

A Sanitary Convention is to be held in Muskegon, Mich., under the auspices of the State Board of Health of Michigan, on the 23rd and 24th instant. A very interesting programme has been prepared, and reduced railway fares may be obtained on applying to C. P. Donelson, M.D., of Muskegon, the Secretary of the Convention, for certificates.

How to Drive Flies Out of a Room.—Observations made by M. Rafford, a member of the Societié d'Horticulture at Limoges, show that a castor-oil plant having been placed in a room infested with flies, they disappeared as by enchantment. Wishing to find the cause, he soon found under the castor-oil plant a number of dead flies and a large number of bodies had remained clinging to the under surface of the leaves. It would, therefore, appear that the leaves of the castor oil plant give out an essential oil, or some toxic principle which possesses very strong insecticide qualities. Castor-oil plants are in France very much used as ornamental plants in rooms, as they resist very well variations of atmosphere and temperature. As the castor-oil plant is very much grown and cultivated in all gardens, the Journal d'Agriculture points out that it would be worth while to try decorations of the leaves to destroy the green flies and other insects which in summer are so destructive to plants and fruit trees. Anyhow M. Rafford's observations merit that trial should be made of the properties of the castor-oil plant, both for the destruction of flies in dwellings and of other troublesome insects.—*British Med. Journal.—Cin. Lan. and Clin.*

Every doctor, ought to have an opinion, and ought to be able to give it to others in a way that can be comprehended; the science of medicine no longer consists of technicalities.

Thus men will be forced to study their cases closely, thereby becoming more intelligent practitioners of the healing art.

Thus the narrow minded selfish egotist will have to give an opinion and abide by it.

Thus the man who by reason of age, and position, and influence, who cries the loudest for the code of ethics and tramples it underfoot without fear, will be forced to rely on merit intrinsic not on past reputation. The young man's mouth will not be shut, while the old man's is open.—*Nash. Jour. Med. and Surg.*

The Dangers of Experiment.—A short time since Professor Jolyet, of Bordeaux, nearly lost his life in endeavoring to demonstrate, by Grehaut's method of inspiring hydrogen, the lung capacity to his pupils. (*British Medical Journal,*) He had prepared the hydrogen gas, but, wanting some acid, he sent for it to a neighbouring laboratory, poured some into the apparatus, and

then made the inspirations necessary for the demonstration. The acid he had used, though sold as pure, contained arsenic, so that, instead of pure hydrogen, M. Jolyet had inspired arseniuretted hydrogen. Notwithstanding sudden feelings of illness, he had the great courage to continue his lecture to the end, but was obliged to go home immediately, overcome by a fearful attack of headache, vertigo, and symptoms of syncope. Still more serious symptoms supervened, which caused great alarm, and during some days M. Jolyet was very ill. Fortunately, there were no serious results, and although still very weak, M. Jolyet is, to the great joy of his pupils, quite out of danger.—*Louis. Med. News.*

Medical Amenities.—Dr. John Woodward was often elected on the Council of the Royal Society, from which he was expelled in 1710 for his grossly insulting remarks to Sir Hans Sloane. When the question of his expulsion was discussed it was pleaded in his favour that he was such a good-natured philosopher, but Sir Isaac Newton, who was in the chair, remarked that, "in order to belong to that Society a man ought to be a good moral philosopher, as well as a good-natured one." Woodward brought an action against the Council to be reinstated, but did not succeed. He afterwards quarrelled with the celebrated Dr. Mead, and meeting him accidentally under the gate of Gresham College, they drew their swords. Woodward's foot slipped, and he fell. "Take your life," said Mead. "Anything but your physic," replied Woodward, with his usual sarcasm.—*Med. Times and Gazette.*

Adulteration in Spain.—This practice has not escaped attention by the authorities even in Spain. One Spanish magistrate at least may lay claim to originality in dealing with sophisticated articles. "All articles," runs a proclamation, "in the shape of wines, groceries, and provisions, which upon examination and analysis are proved to be injurious to health, will be confiscated forthwith and distributed to the different charitable institutions."—*Med. Times and Gazette.*

It was a promising young man who on being asked by the professor of obstetrics what he would do in a case of post-partum hæmorrhage, replied with great promptness, "I would run like hades (old version) for the nearest doctor."

Sueing for a Diploma.—A member of the class of 1883 of the College of Physicians and Surgeons, Baltimore, who was a rejected applicant for a diploma, petitioned the Superior Court to issue a writ of *mandamus* upon the Faculty for a diploma, and claiming $2000 damages. Hereafter it may be as well for the Medical Council to demand of the students before matriculation a course in Common Law, in order that in case of rejection at the examination they may know how to proceed to gain their diploma with the least trouble and expense to all parties.

To Keep Instruments from Rusting.—Professor Olmstead, of Yale College, recommends the following mixture as efficacious to preserve to knife blades their bright metallic surface: Melt slowly together six to eight parts of lard with one of resin and stir until the mixture is cold. If it is deemed desirable to thin it, this may be done by the addition of coal oil or benzine. It should be applied to the perfectly clean surface, as it will not stop oxidation once begun.

A New Synonym for Quinine.—At Croton, New York, common drugs are sold at all the stores. Recently an Irishwoman entered one of them, and said to a new clerk: "Would yees be afther putting up for me a pound of Queen Anne's powders?" The clerk took down a package of Royal baking powder and was doing it up, when she exclaimed—"Not that at all, at all; me Pathrick is sick wid the African faver." "The what fever?" inquired the clerk. "The faver 'nagur," replied the woman. "An yees should see poor Pathrick shake. He hasn't a tooth left." The woman got the quinine which she wanted.—*Gaillard's Med. Jnl.*

The Number of Years a medical student has to spend at a medical institution prior to being admitted to examination for a medical degree in various countries is as follows (Vratch): Sweden, ten; Holland, Italy and Switzerland, six; Norway, eight; Denmark, six and seven; Belgium, six; Russia, Austria, and Hungary, five; France, England and Canada, four; United States, three or two; Spain, two.

Birth.

FERGUSON.—At 321 Spadina Avenue, on July 22nd, the wife of Dr. J. Ferguson of a son, stillborn.

THE

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TORONTO, SEPTEMBER, 1883.

Original Communications

NOTES ON THERAPEUTICS.

BY R. L. MACDONNELL, M.D., M.R.C.S., ENG.

Demonstrator of Anatomy, and Lecturer on Hygiene, McGill University, Montreal.

ANTHELMINTICS. *

Santonin should be given in such a way as that not only the efficacy of its action shall be ensured, but also that it may come into contact with the worms it is intended to destroy. From experimental investigations performed by L. Lewin on rabbits (*Berliner Klin. Woch. No.* 12) it would appear that santonin unless given in an oily solution is rapidly absorbed from the stomach, so that in a short time none of the drug can be detected, either in the contents, or in the walls of the stomach. An oily preparation of the vermicide is absorbed by the small intestines, though not rapidly, according to Lewin, who believes that the only rational mode of employing santonin as an anthelmintic is in the oily state. The likelihood of the appearance of toxic symptoms, such as xanthopsy, headaches, giddiness, shivering, and spasmodic attacks is also thereby reduced to a minimum.

This plan was recommended years ago by Dr. Ringer:—"In the treatment both of round and thread worms, two to four grains, according to age, are to be mixed with a drachm or more of castor oil, and taken early in the morning before breakfast, repeating the dose two or three mornings successively."

This mode of administering santonin has always, in my hands, been most satisfactory. Kuchenmeister found santonin and castor oil, used as an injection, a powerful method of destroying ascarides.

And so with male fern, * its frequent failure as a remedy against tapeworm is due to its irrational administration. It has become known that the popular "worm doctors" who use almost exclusively the oleoresin of male fern administer the remedy in conjunction with castor oil, instead of following it by the oil, after two or three hours, as is usually done by practitioners. The object is to bring the extract in an unaltered or undigested condition into contact with the worm. The experiments which have been made by mixing one part of the oleoresin with two parts of castor oil have been very successful, and this mode of administration deserves, therefore, the preference. Oleoresin of male fern is apt to derange the stomach, and when enveloped partly in the oil is likely to pass it more rapidly, which constitutes another advantage. The mixture, it is true, has an unpleasant taste. This, however, may be disguised by filling it in capsules of about 45 grains each. The dose may be regulated from six capsules to seven or eight, or more according to circumstances.

It is advisable to empty the bowels the

* *Lancet*, June 2nd, 1883.

* Dr. E. Dieterich, *London Medical Record* and Braithwaite, Part LXXXVII., p. 246.

preceding day by a mild purgative, best by castor oil.

THE SUBCUTANEOUS INJECTION OF STIMULANTS.*

This practice has been becoming more and more prevalent during the last ten or twelve years. Dr. Zuelzer contributes to the *Deutsche Med. Wochenschrift*, No. 9, 1883, a paper on the various forms of stimulants which have lately come into use. Those which he mentions are sulphuric ether, camphorated oil (1 in 10); camphor and benzoic acid (camphor 1 part, benzoic acid 1½, rectified spirit 12); ethereal solution of camphor (sulphuric ether saturated with camphor); liquor ammoniæ anisatus; valerianate and some other preparations of ammonia; spirit of sulphuric ether; tincture of musk (1 part of musk to 25 each of water and dilute spirit); cognac, and several ethereal oils.

No general bad effects have been recorded, and their action on respiration and circulation has been nearly alike in all, viz., immediate strengthening of both; but as they have generally to be repeated several times within a short space of time, it is important to avoid the irritating ones — *e. g.*, the preparations of ammonia, and still more alcohol, which easily produces sloughing of the skin. Camphorated oil causes least pain, but is inconvenient on account of the small quantity of camphor held in solution —a large quantity of oil having the effect of retarding the respiration. Ether and ethereal solution of camphor have the disadvantage of partially dissolving the shellac with which the end of the hypodermic syringe is fixed to the cylinder. Both ether and the ethereal solution of camphor can be employed freely, as no undesirable results have been known to follow their use even in large doses; partly, no doubt, because they immediately pass off by the breath. The pain after injection is not great, lasts sometimes for several hours, and leaves behind it some numbness of the part. One cubic centimetre (17 minims) of pure ether may be injected into each of the four extremities at one time, and may be repeated in fifteen minutes at first, afterwards at longer intervals.

These remedies are indicated where there is collapse, when the patient is unable to swallow, or where a more rapid result is desired than by the stomach. The author has used them most often in enteric fever and in cholera. When in typhoid fever there are great cardiac debility, small and irregular pulse, cyanosis, and coldness of the extremities, with deep collapse, the injection renders the pulse fuller and stronger within a few minutes; the cardiac contractions become more energetic and the cyanosis disappears after one or two injections. Where the urine has been suppressed, diuresis follows their use. Leube in Ziemssens' Handbuch recommends their use in the dangerous swooning after gastric and intestinal hæmorrhage, where there is the advantage of introducing the remedy into the system without involving the affected organ. Jürgensen, in the same publication, recommends camphorated oil in pneumonia, when weakness of the heart supervenes; and ether has been found of great service in œdema of the lungs in the same disease.

In midwifery, the subcutaneous use of stimulants is extending. Baye describes nine cases in Hecker's clinic, seven of acute anæmia, one of shock after a difficult labour, and one of unfavourable anæsthesia.

Five improved suddenly, the others gradually. Von Hecker has injected 2½ drachms without either local or general disturbance.*

The injection of sulphuric ether gives successful results in the treatment of sciatica and lumbago. After preliminary dry-cupping over the seat of lesion inject subcutaneously ten minims of sulphuric ether, gradually increasing it until thirty minims is reached, if no improvement has taken place in the course of a week. A brisk purge at the outset and a mixture of sali-

* *The London Medical Record*, May 15th, 1883.

* *London Medical Record*, May 15th, 1883.

cylate of soda and gentian are of great benefit at the same time. *

IODIDE OF LEAD IN PUERPERAL MASTITIS.

The breast is smeared with iodide of lead ointment, then covered with a piece of lint soaked in an alcoholic solution of acetate of lead (ʒ ij.—ʒ iv. to the Oj.) The lint should be frequently moistened, and in three or four hours the breast may be completely emptied by an experienced hand; the ointment should be used as a lubricant during the manipulation. By applying the iodide freely twice or thrice daily, the secretion will have ceased in less than a week, as a rule. A point of considerable moment is the partial anæsthesia produced, thus enabling the gland to be emptied without producing any acute pain. †

CHROMIC ACID IN CERTAIN TONGUE AFFECTIONS.

From a hint in Sir James Paget's Clinical Lectures and Essays, a work which truly every practitioner should read, mark, learn, and inwardly digest, Mr. Butlin, found that chromic acid was a most useful application, not only in gouty psoriasis, as Paget recommended it, but in other affections as well. He made use of it, therefore in a form of chronic glossitis due to excessive smoking and drinking often combined with syphilis. Cases of syphilitic ulcer of the tongue improved rapidly when treated by this agent. From experience of twenty cases the following conclusions were drawn. Chromic acid cures with marvellous rapidity, secondary affections, ulcers, mucous tubercles, condylomata.

It produces no effect on tertiary affections, gummata, extensive ulcers, tubercular syphilides. Some cases of chronic superficial glossitis, where slight ulceration and renewed inflammation has occurred improve quickly under its influence. Other cases of glossitis, in which the tongue surface is attacked by a fresh inflammation of great severity, so far from improving appear actually to be rendered worse by chromic acid. Glycerin of boracic acid and soothing remedies are more suitable for such conditions. The strength in which the chromic acid has been almost invariably employed has been ten grains to one ounce of water. In a few instances 15 grains have been ordered. The patient has been told to paint the diseased portion of the tongue three or four times a day with a camel's hair brush dipped in the solution. Pain or discomfort from the application had seldom been complained of; and even if there has been a little smarting at first, this has cheerfully been borne on account of the relief which the solution has afforded. It is very useful in secondary affections of the tonsils and palate.*

* S. B. James, *British Medical Journal*, Vol. I., 1883, p. 511.

† Dr. Gaunt, in the *British Madical Journal*, March, 1883, p. 494.

REPORT OF COMMITTEE ON MEDICINE, PHYSIOLOGY, ETC., TO THE ONT. MED. ASSOCIATION.

THE TUBERCLE BACILLUS.

Within two years, Koch, of Berlin, announced his discovery of a specific cause for pulmonary phthisis in the tubercle bacillus. There being too large a supply of credulity in the ordinary medical mind, this was too readily accepted. Many rushed off to carbolic acid as the specific in therapeusis. The other side of the question has now been heard from. It comes from the Vienna School. Dr. Spina—who has long been chief assistant to Stricker, and whose capability cannot therefore be questioned—maintains, as the result of his observation, that the form of the bacillus is variable, such variation depending on the tissue and the local conditions. The objection is a fatal one if the variation of form be considerable. The form of a specific animalcule in general has a fixity of form by which it is known. Considerable variation in this shows, unless otherwise explainable, that it

* The *Practitioner*, March, 1883.

is not an animal entity and so destroys it as a specific cause. From a practical standpoint Koch's theory has received a severe blow in two cases which have recently occurred at Nothnagel's clinic. In both cases tuberculosis was diagnosed because bacilli were found in the sputa. Post mortem examination showed them to be examples of bronchiectasis. No tubercles were found at any point. Dr. J. Dreschfeld (*Brit. Med Jour.*, Feb. 17th) holds that they are absent in non-tubercular chronic pulmonary affections (bronchiectasis, emphysema, fibroid pneumonia, anthracosis, catarrhal pneumonia, and syphilitic disease of the lungs). The possible end of Koch's theory will probably be to be laid on the shelf beside the parasitic etiology of diphtheria, and that the verdict upon both will be that cause and effect have been mistaken. The secretions become putrid from heat, and the bacilli are there naturally developed as part of the process of decay—they are not causative at all. Satterthwaite, in a paper before the N. Y. Academy of Medicine (*Med. Record*, 28th Oct., 1882), and subsequent discussion, shows that we have not yet sufficient grounds for believing in the bacillary and infective nature of tuberculosis, but that bacilli of a peculiar nature were frequently to be made out in phthisical sputa.

MYXŒDEMA.

Dr. A. McL. Hamilton's article (*N. Y. Med. Record*, Dec. 9, 1882) is a valuable summary of the principal papers upon the newly described clinical entity, myxœdema. He is inclined to the view that the disease is dependent upon a "lesion primarily of the bulb with secondary extension to the postero-lateral columns of the spinal cord and the spinal sympathetic ganglia." He thinks that an associated renal disease is the result and not the cause of the myxœdema.

CONVALLARIA MAIALIS,

or lily of the valley, is a new remedy for heart disease. The active principle is an amorphous bitter glucoside called convallaramin obtained by treating the aqueous extract of the flowers by alcohol and chloroform. Dr. See's conclusions are as follows:

1. It is one of the most active cardiac remedies.

2. In doses of from half to one and a-half grammes daily of the aqueous extract of the entire plant, it produces on the heart, blood vessels, and respiratory organs, effects constant and constantly favorable.

3. It produces copious diuresis.

4. Therapeutic indications: in

(*a*) Palpitation due to exhaustion of pneumogastric.

(*b*) In simple cardiac arythmia with or without hypertrophy, with or without valvular lesions.

(*c*) In mitral constriction.

(*d*) In mitral insufficiency, especially when there are pulmonary congestions.

(*e*) In Corrigan's disease the peripheral arterial pulsations disappear and respiration becomes markedly restored.

(*f*) In dilatation of the heart with or without (i) hypertrophy, (ii) fatty degeneration, (iii) muscular sclerosis.

(*g*) In all cardiac affections indifferently from the moment that watery infiltrations appear, it is prompt and certain in its action.

(*h*) In lesions with dyspnœa the effect is less marked. In cardiac asthma its combination with iodide of potassium is most useful.

Finally, In cardiopathies with dropsy the convallaria surpasses all other remedies. It has no deleterious effect and no cumulative action.

Some efficient drug having the action claimed for convallaria, is certainly a desideratum in practical medicine.

A second claimant appears in

ADONIS VERNALIS.

In Russia the adonis vernalis is a popular remedy in cases of dropsy and heart disease. Experiments on its value have been made

in the wards of Botkin, at St. Petersburg, the results of which have been described by Dr. Bubnow, in a graduation thesis. Under its influence, in cases of dropsy, the cardiac contractions increased in force, the pulse became less frequent, more regular, and fuller, the urinary secretion increased, and albumen and casts disappeared from the urine. Dr. Bubnow believes that adonis is positively preferable to digitalis in cases of organic heart disease; and he finds that, like the convallaria majalis, it is not cumulative in its action.

Mr. H. Montgomery, Lecturer on Botany at the Toronto School of Medicine, informs me that the *Adonis Vernalis* is the "Vernal Pheasant's Eye," and is a European plant so far as known neither introduced nor indigenous in this country. It is said to be a handsome perennial, one foot high, having a branching stem with sessile and divided leaves. The flowers have five sepals and ten or twelve oblong petals. It belongs to the Ranunculaceæ.

VIBURNUM OPULUS.

Hall recommends high cranberry as a powerful antispasmodic. It is known among American practitioners as Cramps Bark. It is said to be very effective in relaxing spasms and cramps of all kinds, as asthma, hysteria, cramps of the limbs and other parts during pregnancy, but it is in spasmodic dysmenorrhœa that it seems especially indicated. Hall prescribes a few drops of the tincture for a week previous to the expected time. When the pains begin he gives it every half hour, and if severe, every quarter hour. According to Hall, in neuralgia and spasmodic dysmenorrhœa he has yet to meet with a single case which it has failed to cure.

CAFFEINE IN HEART DISEASE.

Prof. Lepine claims that caffeine is as efficacious as digitalis in retarding the heart's action, and in increasing its force. In comparing the relative merits of the two drugs, he asserts

1. It acts more rapidly than digitalis, and in fatty heart, where the latter is contra-indicated, there is no doubt but that it does good.
2. It is tolerated better than digitalis.
3. Most patients prefer it to digitalis.

Where caffeine produces insomnia it is contra-indicated.

To produce benefit the dose must be from 9 to 30 grains.

IODOFORM.

Iodoform is highly recommended in diphtheria. The manner of using it is as follows:—It is applied locally to the patches in its purity with a camel's hair pencil every two hours. Others use it by spraying the aqueous solution. In this way it corrects fetor. According to Billroth we possess no antiseptic, not excepting carbolic acid, that is so trustworthy in making a foul wound sweet.

It is affirmed and denied that it possesses anti-tuberculous properties. It has an influence almost specific over tuberculous swellings and ulcerations. Dr. Henry claims to have cured a number of cases of tonsillar hypertrophy and ulceration by iodoform spray.

Its odour is an objection to its extensive use.

PHYSIOLOGY

Seems to be recovering from the concentration of effort put forth at the International Medical Congress in 1881. In spite of the anti-vivisection embargo, the past year has shown advances, although chiefly on the old lines.

THE SPLEEN, A PORTAL HEART.

Dr. C. S. Roy has further developed his discovery that the spleen is the seat of perfectly rhythmical contractions and dilatations independently of cardiac and respiratory movements. That in fact the spleen may be regarded as "a portal heart." This appears to be a new and important fact in physiology.

THE HEART'S ACTION.

Cardiac Physiology has received a good

deal of attention and a new impulse has been given to the innervation and mechanical movements by the opportunity afforded for observing the effects of stimuli directly to its substance in the case that occurred lately in Germany, examined by Ziemssen. A woman, æt. 45, had a tumour removed from the anterior wall of the thorax, which left the two ventricles and part of the left half of the diaphragm exposed. The following conclusions have been formulated:—(i). That the contractions are evoked by the stimulus of alkaline blood to its mucous membrane (?) acting through the ganglia of the sympathetic, which are in connection with the vagus; (ii). That their rhythmical character ultimately depends upon the peculiarity of the muscular tissue and, (iii). That the compensating rest of the heart is due to the nervous structure which might be represented as opening and closing the current.

Important information has been published on "the mean pressure and characters of

THE PULSE WAVE IN THE CORONARY ARTERIES,"

which appears to settle the question in favour of those who believe "the coronary arteries injected during the systole of the heart and not during the diastole." It is obvious the influence this would have on the nutrition of the heart in valvular lesions.

During the year, important additions have been made to our knowledge of the

COMPOSITION OF BLOOD

as the discovery of a third or transparent corpuscle. The use of the hæmatocytometer facilitating calculations as to the absolute number of corpuscles in the medulla of bones. Also that the white corpuscles contain a ferment that plays an important part in fermentation.

The location of cerebral function has occupied much attention, as also,

CROSS-ACTION OF THE CEREBRAL NERVES.

Dr. Brown-Sequard writes that he is "convinced that irritation of the base of the brain and the adjacent motor regions causes convulsions more frequently on the side irritated than on the other. The superficial parts of the brain produce chiefly cross convulsions; but irritation in all parts may cause convulsions on the same side, and that the chief foundation for the theory of psycho-motor centres, and of the cross functional relation between the hemispheres and the limbs must be considered to have lost its value; and that the excito-motor zone of the cerebral surface, and indeed all the excitable parts of the brain are capable of putting in action the limbs of the same side as well as those of the opposite." This is high authority for an opinion, which no doubt will cause surgeons to hesitate before resorting to operative procedure in such affections as epilepsy, paralysis, etc., to which it was supposed to be a sufficient guide to indicate the primary lesion or seat of disease.

FUNCTION OF THE SYMPATHETIC.

The sympathetic nervous system while closely connected with the cerebro-spinal yet appears to have an independent action of its own. This is well illustrated by the fact that the fœtus may arrive at the full time with ample perfection of the functions of organic life, while without any trace of brain or spinal cord. Observations also lead to the conclusion that the sympathetic enters largely as a factor into all functional and organic diseases. Dr. E. L. Fox, in his Bradshawe lectures, lately delivered, showed that Dr. Woakes' idea that the "inferior cervical ganglia is a correlating nerve centre" may be explained thus:—The influence of emotion may be seen on the cervical ganglia (blushing,) on the cardiac nerves (palpitation,) on the splanchnic, on the abdominal plexus, and especially on the vesical ganglia. He has also shown that although the sympathetic may not be considered as a cause it is a chief factor in inflammation by causing dilatation of the blood vessels.

ABORTED TWIN PREGNANCY; OR, VAGINAL PREGNANCY.

The accompanying specimen, manifestly that of a human fœtus in the early weeks of its development, was passed from the vulva by a married woman, aged 26, without pain, or other premonitory warning, at the breakfast table. Seven or eight months thereafter she gave birth to a child at full term. The question arises: Is it a case of twin intra-uterine pregnancy, one of which aborted, like the small green apple falling from its fellow, or is it a case of vaginal pregnancy? The last catamenial period terminated on March 11th, 1882. Coitus occurred on March 13th, and again on March 29th, and at no other time in the interval. The fœtus was expelled April 10th. Delivery of a healthy and fully developed female child occurred on December 20th, 284 days after the last catamenia, and 254 days after the abortion. This specimen is presented by Dr. Wm. Morton, of Wellesley, who states that having been intimately acquainted with the family for years, he can vouch for their veracity and intelligence.

NOTES OF A CASE OF UMBILICAL HERNIA WITH STRANGULATION, GANGRENE, AND RECOVERY, (PROBABLE) WITH ARTIFICIAL ANUS.

BY CHAS. BATTERSBY, M.D., PORT DOVER, ONT.

(Read before the Ontario Medical Association, June 6th, 1883.)

May 13th.—Was called at 7 p.m., to see Mrs. M., æt. 60; found her suffering from an old umbilical hernia of 27 years' standing.

History.—On May 11th, towards evening sneezed very hard two or three times, felt her old hernia suddenly enlarge, immediately followed by great pain; sent for a medical practitioner who tried the taxis, using considerable force and giving her great pain, unsuccessfully. He left her two small powders "to quiet her cough," as she had a slight cold; he saw her again on the 12th, and morning of the 13th but did nothing further. On the evening of the 13th they sent for me, when I sent the messenger for the original attendant but he refused to go and turned the case over to me.

Present Condition.—Pulse 130, tongue heavily coated; umbilical tumour very hard and tender, with three small soft spots in it, tumour about five inches in diameter, surrounding tissue indurated to a further extent of about 1½ inches all around, suffering great pain, incessant vomiting, but not stercoraceous, bowels constipated since the morning of the 11th, previously very freely opened by a purgative. My examination gave her so much pain that I considered it unadvisable to further try the taxis that night. Put her on ⅓ gr. morph. mur. every three hours, with large hot fomentations to the bowels.

May 14th, 8 a.m.—Saw her in consultation with Dr. N. O. Walker; found her much easier; pulse 120, tumour still very hard and tender, tongue heavily coated with a yellowish fur, skin of a yellowish tinge; gave her a large injection containing spirits terebinth; but with almost no effect, kidneys acting freely, urine not very high coloured; considered an operation inadmissible, on account of the state of the tumour and the patient's surroundings, continue the morphia and fomentations, and give her what beef-tea she can take. A good deal of tympanitis above the umbilicus.

6 p.m.—Much easier, pulse 116, not much change except in the pain, kidneys acting freely, skin not hot or dry, continue morphia, beef-tea and fomentations.

May 15th.—Pulse 112, tongue coated, much easier; slept several times through the night, sometimes for an hour at a time; vomiting much less; considerable tympanitis above the obstruction; continue same treatment.

May 16th.—Pulse 130, tongue heavily coated, and yellow, decided yellowish tinge on skin, rested pretty well, great soreness

all round the tumour, tympanitis increasing, vomiting almost entirely ceased, integument covering tumour turning black, and the peculiar smell of gangrene becoming apparent; takes beef-tea freely, great thirst, ordered flax-seed meal poultices.

May 17th.—Pulse 116, tongue a little cleaner, vomiting ceased, gangrene extending, fœtor very offensive; added a little sol. chloral hydrat to poultice; takes beef-tea freely; also about 6 oz. port wine per diem; slight fœcal discharge *per anum*.

May 18th.—Pulse 108, tongue cleaner, slight discharge of fæces per anum, tumour discharges very freely, a not very unhealthy looking pus; asking for solid food; complains of more pain to-day; continue treatment.

May 19th.—Pulse 100, tongue cleaner; taking beef-tea freely; slough separating; tympanitis slightly less; pus inclined to be sanious.

May 20th.—Pulse 100, rather weaker, tongue slightly coated, tympanitis increased, sphacelated portion of integument separating, and a portion of what looks like omentum extruded; slept well through the night with but one morphia powder; no vomiting.

May 21st.—Pulse 104, tongue slightly coated with yellowish fur, no vomiting, slept well, very little pain; thinks flatus escapes by umbilicus; slight fæcal discharge per anum; skin and sclerotic almost the hue of jaundice, but kidneys acting freely, and urine not very high coloured; taking beef-tea freely, and says she is hungry.

May 22nd.—Saw her with Dr. Walker; pulse 106, tongue still coated with yellowish fur, but not at all dry; slept well, not much pain, flatus passed per anum, appetite good; continue treatment.

May 23rd.—Pulse 108, tongue coated and yellow; slept well; artificial anus forming; on lifting up sphacelated portion of omentum and turning her on her side, fæces are seen to issue from the wound; appetite good; flatus escapes freely from the wound.

May 24th.—Pulse 112, tongue rather heavily coated, very little pain; artificial anus fully established; did not sleep very well last night, took only one morphia powder; slight nausea; taking beef tea freely.

May 25th.—Pulse 112, tongue slightly coated, some nausea; contents of bowel pass freely by the wound, gave bismuth subnit:grs: 20 *ter die*, reduce morph: mur: to ¼ gr. every 6 hours; still considerable tympanitis.

May 26th.—Pulse 108, tongue much cleaner, appetite good, slight passage *per anum*, rested well at night, less nausea; extruded omentum gradually disintegrating; fæces passing freely by the wound; allowed toast with the beef tea, also a little finely-mashed boiled potato, strength keeping up well.

May 27th.—Saw her with Dr. Walker; pulse 116, tongue clean, yellow tinge of skin wearing away; tympanitis less; extruded omentum disintegrating, not over half the size it was; removed a small portion of dead tissue with the dressing forceps; appetite good, slept well, no nausea; stop bismuth.

May 28th.—Pulse 112, tongue clean; the strangulated portion of omentum separated this morning, leaving a wound, about 2½ inches in transverse diameter, by 2 inches vertically; surface generally healthy, but some sloughy tissue still remaining in the lower left portion of the wound; appetite good, rather restless last night, no pain, omit poultice, and dress with water dressing; contents of bowel passing freely from the wound; slight discharge of mucous *per anum*, no nausea.

May 29th.—Saw her with Dr. Walker; pulse 112, tongue clean, wound cleaning, appetite fairly good; wound contracting and granulating from the bottom; fæces passing freely and almost constantly; ordered ferri et quin. cit. grs. iv. *ter die*; continue water dressing.

May 30th. — Pulse 118, tongue clean, wound clean; appetite better; slept well

with one morphia powder; three slight passages *per anum*, consisting principally of mucus, fat, with slight fæculent matter.

May 31st.—Pulse 104, tongue slightly coated, appetite not quite so good, several very small mucous passages *per anum*, slept well; to take only ¼ gr. morphia at bedtime.

June 1st.—Pulse 104, tongue clean; slept well last night, but rather restless during the day; appetite fair; allowed some boiled chicken, with potatoes, toast, etc.; for a distance of about 2 inches below the edge of the wound, the surface of the abdomen is excoriated from the irritation of the fluid fæces.

June 2nd.—Saw her with Dr. Walker; pulse 98, tongue clean, appetite good, slept well; wound granulating and slowly contracting; applied a wooden pad, oval in shape, about 4 inches by 3½, covered with oiled silk over the aperture, confining with a broad bandage.

June 3rd.—Pulse 96, tongue clean, appetite good; pad does not answer, as she is unable to bear sufficient pressure to control the escape of the contents of the bowel; aperture in abdominal walls filling up on the right side and centre with healthy granulations.

June 4th.—About 11 p.m. last night they sent down for some more bismuth powders, as she had considerable nausea. Noon.—Pulse 108, tongue rather coated, no nausea; took two bismuth powders during the night; yesterday afternoon and evening had two small passages *per anum*, the first consisting of three or four fæcal lumps about the size of the first joint of the little finger, the second of about six similar lumps; they were unfortunately thrown out, and I did not see them; appetite good, wound looking healthy.

June 5.—Pulse 108, tongue clean, complains of being hungry; granulations in centre and right of wound, rising above the surface of the surrounding integument, some portions of undigested chicken passing by the wound; patient has lost her teeth and cannot masticate food; slept fairly last night without morphia; ordered 15 grs. maltopepsin *ter die* with meals, and to reapply the pad.

Selections: Medicine.

The Treatment of Eczema in Prague.—Dr. Robert B. Morrison, of Baltimore, says, in the *New York Medical Record* of July, 28th, 1883, he has watched the treatment of eczema by Professor Pick, of Prague, for some months, and is greatly struck with the simplicity of its action, its cleanliness, and its most excellent results. Instead of the troublesome use of powders and salves, which in Vienna must be applied at least twice a day, the patient in Prague has immediately wrapped over his diseased parts linen bandages smeared with unguentum saponis containing five or ten per cent. salicylic acid. This is applied in any stage and left in situ a week.

After the bandages are applied they are covered with what is known as tricot, which is manufactured for Prof. Pick in England. A patient thus dressed is able to go about his work with no inconvenience to himself, and no injury to his clothes. After a week's time he appears at the hospital, the bandage is removed, and the disease examined. If it is found necessary, from the still remaining inflammation and induration a fresh bandage is applied and left on for another week. Then the gelatine is applied in the following manner: a portion of a mass made by dissolving fifty grammes of the purest gelatine in one hundred grammes of distilled water, and which has been allowed to cool previously, is melted by putting it in a cup and placing the cup in hot water. To this is added the required strength of salicylic acid, usually five per cent. When sufficiently cool this mixture is painted upon the diseased parts with a painter's brush made of bristles, such as is used in applying tar. The layer of gelatine is made about as thick as a sheet of writing paper, and after it is dried is gently covered with a minimum quantity of glycerine spread on with the hand.

The use of glycerine is found to be necessary to render the gelatine layer pliable, and to prevent it contracting and thus irritating the skin. It takes a very small

quantity of glycerine only, after the plaster has dried on the skin, to render it soft and pliable. With such a gelatine bandage, a patient seldom feels the slightest itching, the diseased parts are seen through the transparent layer, thus rendering the progress of the disease visible without the removal of the application, and, what is much more agreeable to the patient, an ordinary bath removes all traces of it. So easy is this method that the patient can make his own applications in most cases. There is no reason why the medicated gelatine should not be immediately applied in any cases of eczema at any stage; but experience has shown that salicylic acid first applied in the worst stage of acute eczema in the form of salicylated soap ointment for a period long enough to reduce the inflammation, renders the use of medicated gelatine more prompt in its results.

Indigo Test for Sugar in the Urine.—Dr. George Oliver, in the *Lancet*, employs test papers charged with a solution of the sulph-indigotate of sodium in sodium bicarbonate. His mode of testing is as follows: One of the papers should be dropped into an ordinary half-inch test tube, and as much water poured in as will just cover the upper end of the paper. Then not more than one drop of the suspected urine is let fall into the tube from a pipette and heat is applied. After the first change of colour it is advisable to merely keep the contents hot by moving the tube out of the flame into the upper part of the column of the heated air. The play of colours is very vivid and beautiful, passing from violet to purple, to red and orange red, and finally assumes a straw colour, which remains without further change though heated ever so long. On shaking the tube the colours return, in an inverse order to that in which they appeared, and is due to the action of the oxygen of the air.

Observation leads me to believe the indigo test possesses the following advantages over Fehling: 1. It will detect sugar in any proportion in the presence of albumen, blood, pus, or bile, and as readily as in ordinary diabetic urine. In the case of albuminous urine it is therefore unnecessary to precipitate the albumen and filter. It is well known when there is much albumen and little sugar—as in this urine—the latter may be overlooked by Fehling. 2. It gives no play of colour with uric acid, though the latter can slowly discharge the colour of the test. It is well known how this constituent in the urine breaks up Fehling. 3. Alkaline sulphides (so apt to be present in stale albuminous urine) do not, so far as I have seen, affect the indigo test applied as I have suggested. 4. The stability of the test is one of some promise, and if proved by further experience—and I know nothing to cause me to doubt it—it will be a great comfort in sugar testing. Moore's, Trommer's and Bœtger's bismuth tests are all inferior in delicacy.

Pleuro-pulmonary Complications of Erythema Nodosum.—According to M. Germain Sée erythema nodosum, though usually a benign disease characterized simply by a slight febrile movement, a little gastric disturbance and some articular pains and by local cutaneous phenomena, may sometimes take on a very grave aspect. In support of this opinion he cites a case of a man forty-five years of age, who, after an attack of erythema nodosum, just as the local cutaneous phenomena began to disappear, was seized with a sharp pain in the side and a severe attack of pleuro-pneumonia supervened, of which he died. The pleural lesions were developed from three centres, and M. Sée considers these to have been three patches of erythematous exudation similar to the nodulous patches upon the skin, and that these patches, at first discrete, became general. Dendy, Begbie, Neumann, and Trousseau have published analogous cases. M. Sée does not consider erythema nodosum to be of rheumatic nature. He says it is a specific fever, an essential affection, and separates it from papular erythema, which appears to him to be rheumatic. His conclusions are as follows: 1. Erythema nodosum is a specific fever analogous to the eruptive fevers, and is not a cutaneous manifestation of rheumatism; 2. This fever, benign in general, may be complicated by respiratory affections; 3. Pleurisy is the most frequent of these complications; 4. This pleurisy usually presents no special characters; 5. However, in the single case terminating fatally. It is well to note the development in patches from distinct successive centres, the abnormal thickness and abundance of the fibrinous exudation, and the small quantity of the effused fluid. 6.

Ordinarily these pleuro-pulmonary complications are as benign as the primary disease, though in two cases they caused death. 7. The pleuro-pulmonary complications of erythema nodosum are no more than the erythema itself, of rheumatic nature, but arise directly from the specific principle of the disease.—*Jour. de Med. de Paris.*

ACETONURIA.—Gerhard, in 1868, found that certain urines containing sugar gave a red colouration in the presence of perchloride of iron. Until recently it was generally accepted that this reaction was due to the acetone exceptionally present in the urine. Certain comatose phenomena, occurring in the course of saccharine diabetes, were likewise attributed to the presence of acetone. Von Jaksch came to different conclusions: he proved that Gerhard's reaction was due to the presence of acetylacetic acid, and that acetone was revealed only by special manipulations. Lieben, in 1870, demonstrated that acetone exists in all normal urine in a small amount. This amount, in certain pathological conditions, may be largely increased. These conditions are chiefly—1. In fever of any kind, if the temperature remains persistently high. 2. In diabetes, in some of these cases, along with the hyperacetonuria — Gerhard's reaction is present—these mostly die comatose. 3. In certain cases of carcinoma. 4. In acetonæmia, a disease described by Kaulich and Cantani. In these Gerhard's reaction is almost invariably present. The distillation of acetylacetic acid produces acetone, to which is due Gerhard's test. Siefert considers that Gerhard's reaction in diabetic urine is due to the ingestion of alcohol forming acetylacetate of ethyl, this substance and the acid readily forming acetone on decomposition. F. Th. Frerichs, whose experiments were conducted by Brieger, says that the three substances, acetone, acetylacetic acid, and acetylacetate of ethyl, are all inoffensive, and that diabetic coma is due to a special intoxication due to a decomposition of the blood; that these substances are the terminal products of this decomposition, the process being as yet unknown.—E. Vogt, in *Le Prog. Méd.*

SPECIFIC ODOURS. — At the St. Louis Medico-Chirurgical Society, Dr. Hardaway related two cases. One, a masturbator, who imagined that there was a very disagreeable odour emanating from his person. The Doctor could not perceive it, nor could the patient's friends. In another case, there was a delicate perfume of violets emanating from the body at intervals. It is perfectly apparent to those standing around. In smallpox, it is a commonly accepted observation that a peculiar odour emanates from the body. Dr. H. has never been able to detect more than the common sweetish odour of fever—with pus formation. In measles there is also said to be a mouse odour peculiar to that disease. It was mentioned some years ago by a Dr. Heine, a Berlin physician. Dr. Grindon compared the smallpox odour to grease on the fire—there was a sour element in it. Dr. Carson could detect the specific odour of smallpox, and was able to recognize the disease by that means alone. Dr. Shaw noticed the peculiar odour fifteen years ago, when he suffered from a bad attack of smallpox; and the odour was so characteristic, that when he noticed it in a patient he immediately ordered him to be quarantined—whether there was an eruption or not. Dr. Baumgarten remarked that syphilis had to him a specific odour. It was so distinct that when noticed he knew that he had a case of syphilis to deal with. It was not always present, and he did not know if it were due to pus formation or not. It was very distinct but he could not describe it. He mentioned a case which he had met with in a man confined with many comrades; he suffered from habitual constipation, and emitted such a disagreeable odour that his comrades begged his removal.

DR. KEATING, on the salivary digestion of starch by infants, concluded as follows:—The saliva of some infants possesses the property of converting starch into glucose, regardless of age.

The age of the infants cannot be taken as an indication of this property of its saliva.

When such a condition is found to exist, a small quantity of well-prepared farinaceous food is valuable as an element in the diet, incorporated with mixed cow's milk.

An examination of the stools of children so fed would be a guide as to the quantity of starchy food to be used, and when farinaceous food is employed, slow feeding is probably preferable to the bottle.—*Med. News.*

Tubercle Bacilli in Children's Diseases.—Dr. Demme finds that the catarrhal pneumonia accompanying or following measles and whooping-cough affords exceptionally good conditions for the deposit and development of bacilli. In cases which do become tuberculous the bacilli appear at first isolated in the sputum, but as the tubercular pneumonia develops they become proportionately increased in numbers. The expectoration in acute miliary tuberculosis, on the contrary, does not contain bacilli. In the ulcerative form of lupus vulgaris bacilli may also be detected, although rarely.

In one of those very rare cases of tubercular disease of the nasal mucous membrane reported by Demme (*Berl. Klinisch. Wochenschr.*, No. 15, 1883), bacilli were detected in the nasal discharge. The case is a very interesting one. A boy, 8 years of age, died of an acute meningitis, the autopsy demonstrating tubercular meningitis of the base of the brain. The glands in the lungs, bronchi, and mesentery were free from tubercle; on the surface of the mucous membrane of the right nostril were a few grayish-yellow nodules of tubercle. There was no history of inherited disease. The malady was attributed to direct infection from a nurse who was suffering with pulmonary phthisis, and the opinion is not an untenable one that the bacilli were carried directly from the nasal mucous membrane to the pia mater of the base of the brain, causing the tubercular meningitis.—*Deutsches Medizinal Zeitung.—Phil. Med. Times.*

The *bothriocephalus* is not a worm indigenous to France, but appears to be endemic in parts of Switzerland especially in Geneva. The region of the great lakes of Russia, also nourish a large number of these parasites. Dr. Max Braun, of Dorpat, has found in the muscles and viscera of 90 per cent. of the pike sold in the Dorpat market a quantity of the *scolices* of the *bothriocephalus*. These pike were caught in the lakes in the immediate vicinity of Dorpat. Pursuing his researches, he found the same parasites in the pike of lake Ladoga, in a fine pike from the lake of Novgorod, he found no scolex. After numerous experiments on dogs and cats, Dr. Braun, was fortunate enough to find three students of St. Petersburg who were willing to submit themselves to experiment. After a preliminary purging and finding the dejecta free from the eggs of the parasites, he made them swallow some scolices from a fresh pike. The students promised to abstain from drinking water and from eating fish. At the end of three weeks one of the students complained of his stomach, some days later Dr. Braun found in his stools a very large number of the eggs of the *bothriocephalus*. The experiment was decisive as regards the pike of Dorpat. In other countries other fish may be the vehicles of the parasites; though the evidence as yet, as in Geneva, where the salmon trout is incriminated, rests upon clinical observation only.—*Le Prog. Méd.*

Vleminckx's Solution in Acne Rosacea.—The solution is made by adding one part of lime and two parts of sublimed sulphur, or flowers of sulphur to twenty parts of water. This is boiled down to twelve parts, cooled, and then filtered. The result is a dark orange-yellow coloured liquid, with a strong odour of sulphuretted hydrogen. This is to be diluted as circumstances require. In three cases reported, in one the solution was diluted one to five with water, and the parts bathed for several minutes. At intervals of ten days the strength was raised to one in three. Improvement began at once and in two months he ceased his visits. In a second case application at bedtime for several minutes of the solution one to four of water gradually increased to one to three. In three months the patient though not absolutely cured ceased to attend. In the third case the solution was used in the strength of one part to five of water gradually increased to one in three. In three months the patient was entirely free from her trouble. At times it may be necessary to intermit the treatment for a few days on account of the desquamation which ensues after the stronger solutions. The improvement would be more rapid if used more frequently. The solution is not absolutely a specific, but in the milder cases is the most reliable single remedy.—H. W. Stelwagon, in *Med. News*.

M. Fournier, at the St. Louis, has been lecturing upon the subject of late hereditary syphilis. He contends that the manifestations which have hitherto been considered as scrofulous—as they are obstinately rebel-

lious to an antistrumous treatment—and cede rapidly to specific treatment, whence he calls them "*false scrofula*," are syphilitic. He says that it is no more difficult or unreasonable to believe that tertiary symptoms may be manifested at the ages of eighteen to twenty-five years, when the initial lesion was acquired at the age of a few weeks or months, than that tertiary symptoms may appear at the age of forty-five or fifty-five, when the primary sore appeared at eighteen or twenty-five years. He cites clinical evidence from personal cases and from other incontestable domestic and foreign sources. He brings pathological evidence to bear upon his case. He places the signs by which the retrospective diagnosis of hereditary syphilis may be made into nine groups, as follows: 1. Countenance and expression; 2. Tardy or incomplete physical development (infantition); 3. Cranial and nasal deformities; 4. Osseous lesions; 5. Cicatrices of the skin and mucous membranes; 6. Vestiges of keratitis, iritis, etc.; 7. Lesions of the auditory apparatus; 8. Testicular lesions; 9. Dental malformations (syphilitic teeth). He further advises a minute inquiry into the life and habits of the parents, especially to note the multiplicity of miscarriages and the polylethality of their infants.—*Jour. de Méd. de Paris.*

Casts, as a rule, are found in connection with albumin. Generally speaking, if albumin is found in the urine, there will also be casts; and, on the other hand, if there are casts, there will also be albumin. But this rule is not without exceptions, and frequently you may find albumin present and not any casts, and frequently there will be casts and no albumin. And again, just as you may find albumin in some persons who have no kidney disease, so you may sometimes find casts. These are usually small hyaline casts, and not present in a very large amount. But in persons who are accustomed to take very severe muscular exercise there may be a production in the urine not merely of hyaline casts, but also of nucleated and granular casts, showing changes in the kidney epithelium.—*N. Y. Med. Journal.*

Treatment of Constipation.—Cases of constipation may be treated successfully by mechanical means. Massage will undoubtedly cure; but the patient must have daily treatment, not only to the abdomen but also to the lower limbs. Vibration of various viscera is a beneficial method. Dr. Lee makes use of an apparatus for this purpose. The patient lies with the portion of the body that is to be vibrated resting on a firm cushion, which is supported by a bar that can be thrown into vibration. The speaker detailed the case of a clergyman who suffered from meningeal congestion, and in whom the bowels were very irregular, the fæces small in amount and of light-brown colour, hard, dry, and scybalous. He used the vibrator over the liver on two successive days. The next day the fæces became abundant, soft, and dark green. The benefit has been permanent, and the patient's general condition is steadily improving.—*Phil. Med. Times.*

The three canons which regulate house drainage were given thus:—"All refuse matter must be completely and rapidly removed. No passage of air can be allowed to take place from drains or waste-pipes into houses. No communication can be permitted to occur between the drains and the water supply. The lecturer then proceeded to explain how the principles could be best put into practice. Drains to be self-cleansing must be laid in straight lines, must be watertight, and have a certain fall; the soundness of the pipes and joints can only be guaranteed when, the outlet being closed, the drain holds water without any leakage. Traps which allow of deposit, such as the D and dip varieties, must always be rejected. An excellent contrast was instituted between a form of the hopper closet, shown in action in the Parkes museum, and the ordinary pan closet with its container, in which filth always accumulated. Waste preventers constructed on an ingenious application of the syphon principle were considered to be the best forms for flushing water closets.—*Lancet.*

Bromides in Nausea and Vomiting.—Dr. Cheron (*Archives de Toxocologie*) has found that great benefit results from the administration of bromides in an effervescing mixture in the persistent nausea and vomiting so often seen in women with uterine affections. His formula is: 1. Bicarb. potass. grs. xxx; water, f℥ ij; bromide potass., grs. xxx.—M. 2. Citric acid, ℥j; water, f℥ iv:

syrup, f℥ x.—M. S.—Add a teaspoonful of No. 1 to a tablespoonful of No. 2, and drink immediately. This dose may be repeated every half hour or hour, the quantity stated in the above formula being the maximum *per diem* amount. In localized pelvic peritonitis, this mixture often arrests the tendency to vomit, even in the acute stage.—*Medical Times and Gazette*, April 7, 1883. —*Phil. Med. News.*

OLEATE OF BISMUTH IN ECZEMA:—

℞ Bismuthi Oxid..... ʒ i.
Acidi Oleici ..... ʒ i.
Ceræ Albæ ..... ʒ iij.
Vaseline ..... ʒ ix.
Ol. Rosæ ..... ♏ ij. M.

Its action is particularly satisfactory in eczema of the hands.—Van Harlingen in *Phil. Med. Times.*

ECTOPY OF THE HEART.—M. Tarnier showed to the Academy of Medicine a young woman nine months gone in pregnancy, offering a rare example of ectopy of the heart. This organ beats under the skin, through a large congenital division of the sternum. It is possible to take the ventricles in the hand and, as it were, to examine them nakedly.—*L'Union Méd.*

Surgery.

FATAL HÆMORRHAGE ENSUING UPON THE LANCING OF A STRUMOUS GLAND IN THE NECK.

Dr. Chew related the following case, which occurred under his observation last week and which he said was unparalleled in his experience. A child had an enlarged gland on the side of its neck, apparently of a strumous nature, and accompanied by considerable febrile movement. With a view to preventing suppuration, if possible, quinine and iodine ointment were directed. Three days later evidence of suppuration was found, with considerable dyspnœa, considered to be due to pressure upon the trachea. The abscess was opened, when an immense amount of pus escaped, four to five ounces at least. There was slight bleeding. That night the bleeding was so great that the patient became exsanguine and surgical aid was summoned. The abscess was now laid open freely, and, as free oozing of blood continued, the cavity was packed with iron-cotton. There being no relief, the cotton was removed and hot water was injected by means of a Davidson's syringe. This also failed. The cotton was replaced and as much pressure exerted upon it as could be made, but in spite of all, the patient died.

Dr. Michael had been called in to the above case. He found that the abscess, which had pointed posteriorly to the sterno-cleido-mastoid muscle, passed across the median line, back of the trachea. In the incision which he made, only two small arterial twigs were cut. The hot water employed was hotter than one could bear his hand in with comfort, and it was injected for five minutes. The hæmorrhage came from small vessels in the abscess walls.

Dr. Tiffany had met with a somewhat similar case in a child, æt. 2, who had swollen cervical glands, consequent upon an attack of scarlet fever. One of the glands suppurated and was opened. Two or three days later the abscess was found distended and dark-coloured, and on examining it the physician started a hæmorrhage. Bandaging was resorted to, and afterwards Dr. N. R. Smith was called in and directed that pressure should be made. There was an extremely blue swelling extending from ear to clavicle, which was supposed to be due to a hæmorrhage from the internal jugular. It was decided to open it, and accordingly, the child being held steadily, Dr. S. made an incision from ear to clavicle. Dr. S. then held the wound open whilst Dr. T., who assisted at the operation, removed the clots and placed his finger on the point from which the blood came; this was at the base of the skull, and there was no possibility of tying anything. No doubt the internal jugular was involved. A graduated compress was applied and there was no further bleeding, although the child died within twenty-four hours.

It is a peculiarity of these strumous abscesses that the veins may open. Unless opened freely and the cavity examined, we cannot say in such cases as those reported that the hæmorrhage does not come from a vein.

Dr. Michael said there was no blood-clot in his case. The only gush of blood took place at the time the incision was made and consisted of dark blood and pus. The opening made was sufficiently large to see

a large portion of the abscess. There was no stream of blood, but from all the surface exposed oozing took place. It required at least a minute for the blood to make its appearance from the bottom of the wound. The hæmorrhage was too slow to have been from a vessel of any size. Further cutting would have exposed important structures.—*Md. Med. Journal.*

FOREIGN BODY IN FEMALE BLADDER.—About two years ago, Dr. F. H. Gross was requested by Dr. Franklin to assist in the removal of a stone from the bladder of an out-patient at the German Hospital. The patient belonged to the working class, and was about fifty-six years of age. She said she had at one time worn a Meigs' ring pessary but had lost it (?) Dr. Franklin dilated the urethra and introduced a narrow pair of forceps, expecting to extract the stone or crush it. The hard body could be felt by the instrument, but could not be grasped. I endeavoured to introduce my fingers into the vagina and give assistance in that way, but found the vagina puckered into a mass of folds and ending in a cul-de-sac. The Doctor then introduced his little finger into the urethra, and soon astounded me with the announcement that there was a pessary in the bladder. I verified the statement with my own index finger. By pressing downwards the point of my finger came in contact with the inner surface of the ring pessary, which was encrusted and rough from deposits from the urine. By a lateral movement of my finger, the pessary was made to rotate completely around. We were not prepared for such a discovery, and had the patient admitted to the hospital, intending to devise some plan to remove this body from the bladder. Very early the next morning, however, the woman left the hospital, saying she had no time for an operation and must go to work. We have never heard anything of her since. The pessary, which this woman thought she had lost, had evidently produced ulceration and closure of the vagina, and afterwards by ulceration and absorption, through pressure, found its way into the bladder.—*Med. News.*

THE Prague correspondent of the *Medical News* tells of a man whose thorax was caught antero-posteriorly between the bumpers of two cars as he was coupling them. Death was instantaneous. At the autopsy no external injury was seen: several ribs on each side were broken, and the heart was found *free* in the abdominal cavity, it having been torn from its attachment to the great vessels, and forced through a rent which was made in the diaphragm.

AT the Society of Surgery, M. Maurice Perrin detailed a case of cerebral syphilis, and the long treatment and various medicines which had been given, with eventual cure of the disease. In commenting upon the case, M. Desprès said:—"In the enumeration of the divers medicines that he has made his patient swallow, M. Perrin has forgotten one which certainly plays an important part in the cures of cerebral syphilis. I refer to the element, Time. Indeed, there are certain syphilitic manifestations of the brain which recover very well in time, and in these cases the last medicine given before the natural period of recovery gains the credit of having effected the cure. In general, syphilitic manifestations of the brain get well spontaneously; as for myself, I abandon them to their natural evolution, and am content to apply a few revulsives in the neighbourhood. There are other patients, on the contrary, with the same or analogous lesions, who die more or less rapidly in spite of anything you may do."

EXCISION OF THE HARD CHANCRE.—Dr. O. Lassar (*Wien. Méd. Woch.*) says that out of 37 cases of excision, 19 remained under observation. Of these 19 cases, 13 suffered from constitutional syphilis, and 5 remained quite free for a sufficient length of time to show immunity. That the operation be of any use, in his opinion, it must be performed before any induration of the inguinal glands take place. In the event of cases coming under early notice, he strongly recommends excision.

RESORCIN IN ANTHRAX.—P. G. Unna, (*Arztl. Intelligenz Blatt*) speaks very highly of resorcin in anthrax. He has used it with much satisfaction. In strengths from 50 per cent. to 70 per cent. with vaseline, and applied freely, the diseased processes usually cease in about three days. Resorcin is a colorless, prismatic, crystalline substance, obtained by the action of potassium on galbanum assafœtida, etc. It belongs to the diatomic, aromatic hydrates.

Injection of Arsenic for Universal Sarcoma of the Skin.—Dr. Köbner, (*Berlin Klin. Woch.*) records another very interesting case of this disease, treated by hypodermic injections of Fowler's solution. When treatment began the liver and spleen were enlarged, and the skin covered with nodules. When treatment ended the liver and spleen were normal, and the skin soft and glossy. The girl had gained eight pounds.

M. Boucaud says that one of the best means of being assured of the presence of subluxation of the foot backwards is by measuring the distance from the heel to the inner malleolus. This distance varies with the position of the foot. If the foot is in equinism the distance is a full centimetre less than with the foot at a right angle with the leg.—*Lyon Méd.*

Remedy for Toothache.—Dr. Hugo Erichsen, (*Med. Chir. Correspondenz Blatt, Buffalo,*) claims that to clean out the hole in the tooth, and then carefully fill it with cotton wool soaked in a mixture of equal parts of croton, chloral hydrate, and carbolic acid, will give speedy relief.

Midwifery.

AN EXPERIMENTAL RESEARCH ON THE UTERO-PLACENTAL CIRCULATION.

Dr. J. P. Pyle concludes a paper on the above as follows:—

"Nineteen experiments were made with ultramarine blue. In each instance the blue, which had been introduced into the circulation, was found widely distributed in the maternal organs. The total number of fœtuses obtained from these animals was sixty-one. Of these, forty-six gave positive results, *i.e.*, the fœtal tissues were impregnated with blue granules in varying quantity. Only fifteen of these fœtuses gave negative results.

"Of the placentæ only fifteen were examined, thirteen of these showing blue granules, the remaining two giving negative results.

"Of the thirteen umbilical cords examined, eight gave positive and five negative evidence. I regret that, owing to circumstances beyond my control, the remainder of the cords and placentæ were not examined.

"It is also seen that ten experiments were made with septic poisonings with the object to study the transition of bacteria from the mother to the fœtus. The maternal tissues were in every case impregnated with bacteria. Of the thirty-nine fœtuses examined, in every one identical bacteria were discovered. Eight of the placentæ gave positive results, as well as seven of the umbilical cords examined.

"The control experiments, two in number, made with the object to determine whether or not the bacteria were of an accidental occurrence, gave negative evidence. It is true that putrefactive bacteria do occur in animals after the lapse of a certain time after death, and this I observed in the blood from the heart of the animal which was examined eighteen hours after death. But even here the fœtuses were free of them. Moreover, it can be seen from my experiments that the examinations were made immediately after death, or within a few hours, and that only bacteria pertaining to septicæmia (micrococci) were seen, and not the organisms of putrefaction, which are dumb-bell-shaped and rod-like. The few negative results are certainly of no significance in contrast with the many positive observations, especially in view of the difficulty in making the examinations.

"The observation in the human being, which I had the exceptional opportunity to make, I regard of still greater importance than all the experiments combined. As elsewhere described, I have observed that the bacteridian disease of the mother is transmitted to the fœtus. The examination of the fœtus, which was removed by Cæsarean section, was made one hour after the death of the mother. In this case, also, the bacteria in the blood and tissues of the fœtus could surely not be accidental.

* * * * * * *

"I think that Cohnheim's theory of the migration of white blood-corpuscles, which has lately been proven by himself to be a mere passive process of filtration through the blood-vessel walls, is a fair analogy to what we may find in the transmission of solid particles through the attenuated utero-placental walls."—*Phil. Med. Times.*

THE MANAGEMENT OF ABORTION.

BY WALTER COLES, M. D.

In view of the advanced doctrines which have been recently published in certain quarters, wherein the "*immediate removal*" of the secundines is laid down as the inexorable rule of practice, it behooves those who are less heroically inclined to defend their position, lest our conduct become the subject of criticism. Whether such criticism be just or unjust would depend not so much upon what might be said of it, as on the intrinsic merits of the practice pursued. With the object of bringing out discussion on this point I propose to briefly compare the various plans recommended, in order, if possible, to arrive at an understanding as to the safest and best method of dealing with this, often perplexing and troublesome, class of cases.

In the *American Journal of Obstetrics*, Feb., 1883, Dr. Paul F. Mundé of N. Y., has written an article entitled, "*The immediate removal of the secundines after abortion*," in approval of another paper in the same journal by Dr. Alloway, of Montreal. The title of Dr. Alloway's paper is "*The immediate use of the uterine scoop or curette in the treatment of abortions, vs. waiting, or the expectant plan.*" Dr. Mundé says: "Having now expressed my opinion that the future safety of the patient demands that the secundines should be *at once* removed after expulsion of the fœtus in every case of abortion in which such removal can be accomplished without force sufficient to injure the woman, I will proceed to describe the manner in which it has been my custom to perform this operation." The doctor then goes on to say that when called to a case in which the fœtus had already been expelled, he would proceed "*at once*" to "*forcibly*" deliver the secundines by manual or instrumental means, provided the cervix was sufficiently patulous to admit a finger or curette, the patient being chloroformed for the purpose, and, where contraction of the internal os exists to such an extent as to prevent this, he would immediately resort to forcible dilatation. As I understand them, this would be the practice of Drs. Alloway and Mundé, in all cases where there was reason to believe that any portion of the ovum or its appurtenances were still retained in utero, whether the immediate symptoms were urgent or otherwise; furthermore that they would follow this practice to the exclusion of what is ordinarily known as the *expectant plan*.

While it is far from my desire to detract from much that is meritorious in the two papers alluded to, candor impels me to say that the doctrines inculcated therein are somewhat ultra and dangerous in their tendencies, being too dogmatic and sweeping in character, while at the same time they are lacking in fairness towards those who hold more conservative views. Dr. Alloway commences his paper by remarking that "In recently published textbooks on obstetrics, we find insufficient stress laid upon the importance of removing *at once* a retained placenta after abortion." Dr. Mundé, in endorsing the foregoing, places all who would not advise the immediate chloroforming of a woman and "*at once*" and "*forcibly*" removing a retained placenta, as in favor of a "*let-alone*" policy. Now this is by no means a fair statement of the attitude of our "*older confréres*," or of the less "*progressive*" among the younger members of the profession who are not *en rapport* with such advanced ideas. There is certainly a broad intermediate ground between a "*do-nothing*" and "*let-alone*" policy and the heroic measures recommended by Dr. Mundé.

To every one of experience it must be apparent that no routine treatment can be laid down for abortion. While certain fundamental principles must govern our action, our precise line of conduct will depend upon the circumstances surrounding each individual case. In a word, it is the attendant's duty to reduce bleeding to a minimum and see that the uterus is effectually emptied at the earliest practicable moment. The methods which he should adopt to attain these ends must of course vary according to the stage of pregnancy, the degree of hæmorrhage, and the condition of the os. Sometimes in early spontaneous abortions the entire ovum with all its annexæ will have escaped before the physician arrives. In such cases, although the hæmorrhage may have been serious, it will be found to have nearly or quite ceased, and there is left little or nothing to do. Not unfrequently, owing to carelessness in disposing of blood-clots, the attendant finds himself in doubt whether the abortion has been completed or not. Under such circumstances he must be guided by certain indications.

If he finds that all pain has ceased; that hæmorrhage, which before had been considerable, has all stopped; that the uterus has been reduced in size, that its os is soft and patulous, and with no indication of any substance presenting from within, he would be warranted in assuming that the uterus was empty. Nevertheless it would be safe to administer a full dose of ergot, and, if any doubt remain, it would be well to place a temporary tampon in the vagina before quitting the house. This would be all that the utmost prudence could require under such circumstances; the attendant would certainly not be justified in forcibly dilating the uterus and scooping its interior without first "waiting" for the development of some evidence of retained secundines.

But, let us suppose that we have been called to a case in which the embryo has just escaped during the third month and the secundines are retained. Under such circumstances there is generally considerable hæmorrhage going on, and the first thing in order is to check it. Of course the most effectual and desirable method of so doing is to empty the uterus and cause it to contract. A teaspoonful of fluid extract of ergot is administered, and the accoucheur at once examines the uterus. If it be practicable by digital manipulation, or the aid of forceps, to deliver the placenta, this is a fortunate circumstance which should be availed of on the spot. But if the os is too contracted to admit the finger, or even if patulous and the membranous placenta is so adherent as only to be detached in fragments, it is better not to disturb it for the time being, rather than resort to immediate and forcible extraction. We should, however, be equally far from pursuing a *passive* policy; the hæmorrhage should be controlled by means of a tampon, aided by ergot, supplemented by a full dose of tinct. of opium—the latter being especially beneficial as a soothing stimulant after blood loss. A tampon ought always to be applied with the aid of a speculum, that of Sims being the best. There is a great deal in the method of tamponing; it should be carefully packed over the os and around the cervix. The best material is old cotton muslin torn into strips; I prefer to put it in dry. Sponge is of very little service as a tampon; it absorbs the blood and permits it to flow through.

In most cases thus managed the physician will find on removal of the tampon twelve hours later that the secundines have either escaped entire, or else are presenting at the os, whence they may be readily removed by very slight manipulation. But in case this cannot be done without violence, it would be proper to wash out the vagina and again tampon, with the expectation that under the excitation of the plug and the continued influence of ergot the uterus will by its contractions detach and expel its contents. If at the end of twenty-four or thirty-six hours there is no indication of dilatation, it will be quite time enough to consider the propriety of artificial dilatation and extraction. If the internal os continues closed, it is pretty conclusive evidence that the placenta is still adherent and hence not extensively decomposed. Lusk recognizes this condition of the internal os as a valuable indication—a fact pointed out by Hüter. He remarks that "When decomposition has once set in, the os internum will, as a rule, allow the finger to pass into the uterus." Such being the case, we have less reason for being in a hurry when the uterus is closed than if the inner os were lax and the discharges offensive; under the latter condition of things the practitioner should lose no time in emptying the uterus of all decomposing material, provided he can do so without inflicting too much violence on the organ itself.

All I am contending for is against extreme measures either way. Of course there are cases in which the medical attendant would be culpable if he did not resort to the methods resorted to by Drs. Priestly, Alloway, Mundé and others. No doubt all of us have seen such cases, and that we have been called to patients where some such active policy had been too long neglected. The testimony which these gentlemen bear to the utility of the curette and forceps is valuable, but that scoop or curette should be resorted to *primarily*, before *giving nature any voice in so important an affair*, certainly savors of rash practice, fraught with unnecessary suffering and danger.

The advocates of immediate and forcible removal of the placenta are rather disposed to exaggerate the danger from hæmorrhage. I would by no means underestimate the gravity of the serious depletion sometimes incident to abortion, but cases of fatal flooding must be exceedingly rare. In the majority of instances the most serious bleeding

will be found to have already taken place before the physician reaches the patient; this usually commences prior to and during the extrusion of the embryo, to be greatly augmented immediately after this act and in the interval between it and the arrival of medical aid. I dare say this is the observation of all of us. Indeed, I may say that when a case of abortion is carefully watched from the start and properly managed with tampon, ergot and opium, it must be exceptional for anything like a fatal or even dangerous hæmorrhage to occur. At any rate the danger from this source is not sufficiently imminent to warrant immediate and vigorous measures for forcible extraction of the secundines when the chances are ten to one that nature when judiciously aided will accomplish the same end with much less hazard. For no matter how skilfully and cautiously done, a young, almost membranous placenta, when adherent and in a perfectly fresh state, cannot be detached without a certain degree of force, which materially aggravates the traumatism already existing and which is one of the chief and unavoidable dangers in every case of abortion.

We are assured by the advocates of immediate removal that this feat is very easy of accomplishment—a thing which the merest tyro may perform—but most of our leading obstetrical authorities entertain a different view of the difficulties and dangers involved. Playfair, while admitting the desirability of emptying the uterus when feasible, goes on to say: "Cases, however, are frequently met with in which any forcible attempt at removal would be likely to prove very hurtful, and in which it is better practice to control hæmorrhage by the plug or sponge tent and wait until the placenta is detached, which it will generally be in a day or two at most." Barnes reiterates the same advice, and cautions us that "We must not persevere too pertinaciously in the attempt at removal lest we inflict injury upon the uterus." The same author, recognizing the fact that the placenta, after abortion, quickly undergoes retrograde changes whereby its adherence to the uterine wall is weakened, thereby facilitating its removal, remarks that, "The consulting practitioner here occasionally reaps credit which is scarcely his due. He is called in, perhaps, on the third day, or later, when the adhesion of the decidua to the uterus is breaking down. He passes in his fingers and extracts at once. But had he tried the day before, he might have failed like the medical attendant in charge. (*Obstet. Operations*, p. 359.)

In this connection I trust I may be excused for again referring to the papers of Doctors Alloway and Mundé. Dr. Alloway publishes five cases which he treated by *immediate removal* of the secundines with the curette," and yet, strange to say, but *one* of them is in any sense illustrative of the principle inculcated in his paper. For in one the placenta was removed on the third day; one on the seventh and eighth days respectively, while the fourth was simply the premature delivery of a syphilitic child in the sixth month, and of course he delivered the after-birth, as is usual in obstetric practice. Dr. Mundé's table, in which he gives the result of fifty-seven cases in his own hands, is open to similar criticism. It certainly does not illustrate the "*immediate*" delivery of the secundines, as in thirty-nine, or upwards of sixty-eight per cent. of his cases, they were delivered after the lapse of from twenty-four hours to sixty days. Indeed, so far as delivery "*at once*" with the curette is concerned, we look in vain for a single typical example—there being but four instances in which this instrument was employed under eighteen hours, and even in these only after a lapse of "several hours." In nearly all the cases where Dr. Mundé resorted to the curette, the instrument was clearly indicated to dislodge putrid masses after the lapse of several days or weeks; and the fact that they terminated so favorably would indicate that there is less danger in temporary retention than is generally supposed, and furthermore, that as a *secondary measure of relief*, the curette is a valuable resource, as has been long since pointed out by Matthews Duncan and others. To this extent Dr. Mundé's statistics are interesting, though it would seem that they contain no data sufficient to warrant any decidedly new departure in practice, or as bearing on the special points advanced in his paper.

Whenever the uterus can expel the placenta within a reasonable time, that is to say, before decomposition takes place, it is better to rely on nature than on mechanical force, for the reason that uterine contraction nearly always effects a more perfect separation and cleaner deliverance. This

is also much more apt to occur if the secundines are not interfered with, and are allowed to come away *en masse*. It is always a misfortune, to be guarded against if possible, when the placenta is broken into fragments, for we can then never be quite sure that we have gotten it all, while the consequent diminution in bulk renders the uterus less able to expel any remaining portions, which may tend in future to provoke continued bleeding, or septicæmia, two of the evils sought to be avoided.

Whenever there is serious and persistent hæmorrhage threatening to exhaust the patient, active interference is of course demanded. Or, if there is an offensive discharge, and an elevated temperature together with rigors, we have good reason to apprehend blood-poisoning from the absorption of putrefying elements within the uterus. Under such circumstances it would be proper to explore the interior of this organ, dilatation being resorted to if necessary. For this purpose the tupelo tent is certainly far superior to the sponge or sea-tangle. It has all the dilating qualities of sponge, while it is cleaner and can be introduced more readily, even without a speculum if desired. It has also the advantage over the sea-tangle in that it can be procured in larger sizes and is less liable to slip out of position. Whenever full dilatation is required the tupelo is preferable to all other tents. The uterine cavity having been exposed, all fragments of secundines should be carefully dislodged with either the finger or curette, after the manner so well described by Lusk and Mundé, and the organ washed out with some disinfectant fluid. Where there is a tendency to bleeding, tincture of iodine answers an excellent purpose, and is cleaner than perchloride or persulphate of iron as recommended by Barnes. Where the disintegrating fragments are small, repeated irrigation of the uterine cavity (the os being patulous) will generally suffice, as they usually melt down and come away with the discharges. It is not safe to scrape the uterine surface more than can be avoided, for fear of opening up fresh avenues by which septic materials may reach the system, since we know that nature interposes a bar to infection by glazing over denuded surfaces and closing gaping vessels. For this reason Lusk remarks that "Fatal results are, however, rare, as decomposition is usually a late occurrence, setting in, as a rule, only after protective granulations have formed upon the uterine mucous membrane and after the complete closure of the uterine sinuses. (*Science and Art of Midwifery*, p. 297.)

In 1875 I contributed several articles to the *St. Louis Medical and Surgical Journal* on the subject of "*Abortion, its Causes and Treatment.*" The following is the concluding paragraph of my last paper on that subject: "In all cases of abortion when there is a prompt and clean delivery, but little trouble is to be apprehended. Matters do not always progress thus favorably however, and the practitioner frequently finds himself confronted with one or more of four complications, for which he should always be on the alert: these are *imperfect deliverance, hæmorrhage, septicæmia* and *inflammation*. Now these conditions nearly always bear a certain reciprocal relation to each other, as well cause and effect, as in point of absolute danger. What are these relations; what their comparative danger? The proper answer to these queries embodies the practical management of abortion. The dilemma may be thus stated: If there is imperfect deliverance we are almost sure to have hæmorrhage, whilst if in order to staunch the latter, we use heroic means to obviate the former, inflammation may be provoked; on the other hand if these measures are neglected, there is risk of septicæmia. The whole question therefore turns upon the comparative importance inherent in each one of these conditions. The writer is clearly of the opinion that of all these complications *inflammation* is the one most to be dreaded; and for the reason that women *rarely flood to death* during abortion, while *many die from inflammation*, the result of rough manipulation of the uterus. Not only is this so, but inflammation under such circumstances is peculiarly liable to septic complications; indeed it is quite certain that the breaking up and gouging out of the placenta, by which the mucous membrane is bruised and lacerated, predisposes more certainly to septic fever than the temporary retention of the secundines would be likely to do. Even with the greatest care it is frequently impossible to remove the after-birth without breaking and leaving more or less behind as the focus of fresh hæmorrhage, irritation, and poison; whereas if left to nature for a few hours, or even days, easy detachment might be effected,

great peril avoided, and perhaps a life saved. The good old maxim, 'meddlesome midwifery is bad,' applies as well to the management of abortion as to labour at term, and *unless there are clear indications for it*, of which every man must judge for himself, we hold that it is better to pursue an expectant policy in reference to the placenta, believing that upon the whole the risk is less when nature has at least some voice in its detachment and delivery, than when it is precipitated by unnecessary interference."

Such, Mr. President, was my conclusion eight years ago, and experience and observation during the interval but confirms this belief. Undoubtedly the chief peril of the aborting woman is *inflammation*, whether the result be death or the well-known train of aches and ills which follow in its wake. The moral of which is that we should treat the uterus under such circumstances with as little violence as possible.—*St. Louis Courier of Med.*

RIGIDITY OF THE ANAL MUSCLES A CAUSE OF LACERATION OF THE PERINEUM IN LABOUR.

BY CHARLES H. CARTER, M.D.

It is evident at a glance that the small, weak muscles of the perineum proper, though they are the ones lacerated, can offer but slight contractile resistance; and moreover, they are quite elastic in the great majority of instances, so that if they were the only obstacles to overcome, the muscular fibres would readily relax, and the fibrous network protect the muscle, while it could retreat as the head advanced. But there is a powerful muscle behind and above these weaker ones which is the *casus mali*, preventing the perineum proper from retreating, and accountable for its destruction. The levator ani, the main plank in the floor, is the offender. By its attachments, its action is necessarily as an elevator not only of the anus, but of the whole pelvic floor. By the intimate interlacement of its fibres with those of the transversus perinei and sphincter vaginæ, relaxation of the latter muscles produces little if any enlargement of the vaginal opening.

That other anatomical *sine qua non*, the sphincter ani, plays also a very important *role*. Its comparatively stationary attachment being posterior, its contraction causes the perineum to recede, while it is itself drawn upward by the levator ani.

Now, in order that the perineum may most certainly avoid injury by the escaping head, it must retreat downward and somewhat forward. This it easily does when it is distensible, provided the levator ani and sphincter ani remain in an uncontracted state.

* * * * * * *

The hyperæsthetic state of the muscles may be tested, by, in a manner, simulating the action of the child's head upon them. When the labour has well advanced, and the head so far descended as to be well engaged and is making satisfactory progress, two fingers well lubricated with carbolated vaseline are hooked into the vagina, and during the pain the perineum pressed directly downward, separating the fingers as far as possible so as to distribute the pressure and act upon the posterior as well as lateral fibres of the levator ani. If there is marked "irritability" of this muscle, it will be felt to become more or less rigid as the pressure is increased, and relaxed as the pressure is withdrawn. If the test shows the presence of the hyperæsthetic state, the following procedure may be employed to "prepare" the parts for the final act: At the beginning of each pain the two fingers are introduced as before, and the perineum drawn *downward* gently at first, but gradually more strongly as the pain increases, and lessening the traction as the pain subsides. This is repeated till but little force is needed to dilate the vaginal orifice sufficiently to admit three and then all four fingers with ease. By this time the anus is patulous and the sphincter ani exhausted. Drawing the perineum backward leaves this latter muscle in its pristine tonicity; and the levator in the greater part unexhausted. Thus the sphincter is ready to draw the perineum violently backward, and the powerful action of the levator draws it upward just at the moment when the whole pelvic floor should be in a state of complete relaxation.

In cases where the muscles are excessively hyperæsthetic the thumb may be used in conjunction with the fingers, introducing it into the rectum after the sphincter has become relaxed. Mock modesty under such circumstances is reprehensible. There is nothing indelicate in this procedure when the welfare of the woman demands that nothing should be left undone which pro-

mises her security against injury. By using the thumb in this way, separate segments of the levator may be successively acted upon, and the exhaustion rendered more complete.

This "tiring out" of the anal muscles causes no apparent increase in the woman's sufferings, being done during the pains. The manipulations are carried out at the time when she is begging the physician to help her, and when the pains are strong she will hardly seem aware that he *is* "helping" her, even when he has all the fingers in the vagina and the thumb in the rectum, firmly drawing downward.

After the muscles are thus exhausted, labour should be completed as speedily as possible. If the pains are becoming weak and inefficient, the forceps may be applied at once, but if there are good pains and everything favorable for a speedy completion of the birth, the best way to keep the muscles relaxed, and also to excite the pains to still greater efficiency, is to keep the hand in the vagina, thus distending the perineum, and just before each pain begins, insinuate a finger between the head and the bony pelvis at the point where the pressure is greatest, and as the pain comes on, indent the cranial bone at that point, and slowly withdraw the finger, and permit the head to descend. Repeating this process with each pain, the head is teased along until it escapes from its osseous vise. At the same time it is guided in the proper changes of flexion and rotation, the pains are excited, and the labour hastened toward completion, and the attendant is not merely bustling about with a pretence of doing something, but is, in fact, *helping* the sufferer.—*Med. News.*

The Influence of the Lymphatic Gland in the Crural Canal on Phlegmasia Alba Dolens.—Mr. James T. Laffan writes to the *Lancet* as follows: "The above-named gland, forming on either side a most important link between the lymphatics of the trunk and lower extremity, is the most dependent part or base of the former, as it is the summit of the latter. It is admitted that phlegmasia alba dolens is caused by the absorption of septic matter from the system by the lymphatics of the pelvis. The germs thus absorbed set up inflammation. Inflammation produces local hypertrophy. To the anatomist it is evident that the lymphatic gland, occupying the innermost compartment of the sheath of the femoral vessels, is incapable of expansion, so completely is it bound down and limited by the various structures in its immediate neighborhood in any direction save outward. Externally it is almost in actual contact with the femoral vein, being separated merely by the septum—a film of the transversalis fascia—which practically offers no resistance. Inflammation having set in, the enlarging gland presses upon the vein, bulging in its walls. A projection being thus formed into the cavity of the vessel, an eddy or backwash in the current of blood is produced, and, consequent thereon, disintegration of the white corpuscles occurs, and phlebitis is set up. The limb now, owing to venous obstruction, becomes œdematous, having the bluish colour and pitting on pressure, the first familiar characteristics of phlegmasia. Inflammation continuing, the stroma of the gland increases in density and chokes up its afferent lymphatics. Stasis of lymph occurs. The œdema loses its merely venous character, the limb becomes tense and hard, and will not pit on pressure—second familiar characteristic. Pain is a marked feature in the initial stage of this disease. In several cases under my observation, and in the communicated experience of many practitioners consulted by me on the subject, pain, deeply seated in the groin, has been the first symptom complained of. The fact is, to a certain degree, in favor of the theory of the pathology of phlegmasia now proposed. In the whole system there is no other gland so situated that its enlargement could produce a train of events similar to what I have described. If any gentleman who has the opportunity of making a post-mortem examination of the body of a patient who suffered from phlegmasia would direct his attention to an examination of this gland, the result might confirm what at present is but a probability. The idea may be of practical value in this way, that if the disease, as it manifests itself, be due to the tension of the fasciæ surrounding the gland, a subcutaneous division of its anterior investments would give it room to expand otherwise than directly into the femoral vein. Thus the phlebitis, with its certain inconvenience and possible danger to life, would be avoided."—*N. Y. Medical Journal.*

A Case of Continuous Flow of Milk.—Dr. Gomez Pamo, gives, in the *Anales de Cirugia*, in *La Revista de Ciencias Medicas*, in Barcelona, the following :—A woman, married at sixteen years of age, whose menses, established at fourteen years, continued without interruption until the first month of marriage, when she became pregnant. After delivery, lactation was established, and continued for twelve months, without any appearance of the menses. Becoming again pregnant, she weaned her child; and this repeated itself *fourteen* times, without any complication. She nursed each of her fourteen children up to the time that she felt herself again pregnant. During her pregnancies the flow of milk diminished somewhat, but never disappeared entirely. Immediately after delivery, she gave the breast to the infant. The milk was abundant and of good quality. All the children were very robust, two of them having been born prematurely. During all this time, that is, from the first month after marriage to the present, seven years after the birth of the last child, the menses have not reappeared. She weaned her last child five years since, but the flow of milk has not diminished, in spite of all treatment; it is abundant and of good quality, and the breasts have to be drawn frequently to relieve the pain caused by tension. The woman is robust, muscular, intelligent, of a nervous temperament and of a lively character, occupied in housekeeping.—*A. M. A. Jnl.*

Induction of Premature Labour.—The method of procedure was detailed as follows:—"Directing the patient to lie upon her left side, I strongly depress the uterine globe, with the right hand upon the fundus uteri, while I pass the index finger of the left hand through the os. Then, with the finger slightly bent and its palm towards the symphysis pubis, I steadily draw the cervix in that direction, and expect, in a half hour, to have a dilatation the size of a half-dollar or more. Some labour-pains are generally caused by each attempt to dilate, but they will soon cease. Deeming it unfortunate for labour to be induced before thorough dilatation and dilatability are secured, and for reasons to be hereafter given, not expecting or desiring labour to follow for some days, I leave the case for twenty-four hours, and at the next and at subsequent visits the os is more easily reached (always with the left hand), and I am able to effect further dilatation by drawing the os toward the symphysis, first with one finger and as soon as I can with two and three fingers; or after three attempts at dilatation, two fingers in the os can be separated from three to four inches, and sufficient dilatation has been secured to warrant inducing labour-pains. I have then given somewhat less than a fluid drachm of extract of ergot, each five hours until labour has commenced. If at the end of twenty-four hours labour is not induced, it has been sufficient to increase the dose to one drachm at the same intervals. For this purpose, and administered in this way, ergot has seemed an available agent and entirely safe for mother and child." In explanation of these methods it was insisted that their value lay in a very *slow* and *patient* use of means in the preparatory stage. The time occupied by Dr. Burbank in inducing labor, has been from two to four or five days. This length of time is to be preferred, for in an unnatural process the tissues are taken by surprise and the operator must accommodate himself to them; hence, it is better to be satisfied with a good result even if arrived at slowly. After the initiatory steps in dilatation have been effected, a change in the vagina, vulva, and perineum will be appreciable, and the difference between the termination of this induced labor, and one conducted by nature will be slight. —*Med. News.*

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, SEPTEMBER, 1883.

SANITARY INSPECTORS.

The appointment of Sanitary Police Inpectors for the city, is another evidence of the fitness of our present Medical Officer of

Health for the position which he occupies. His duties heretofore being almost entirely advisory, his endeavours for the city's welfare have lacked the power of being duly enforced. It may be a hardship for some to be obliged to have their backyards cleared of the accumulated filth of years; it may be a hardship to others that they will be restrained from indulging in the delightful liberty of casting their slops and offal into the sewer gratings on the open streets; and it may be a source of regret to others that even that refreshing beverage contained in the wells is forbidden. There may be much grumbling and some outcry for a few months, but an improvement in the general health of the localities so invaded will in time show itself and the result is worth striving to attain. In the event of a cholera outbreak—a disaster which these are the best means to avoid—the cleansing of these purlieus will be felt in a greatly decreased mortality, and the disease will have less chance of gaining a foothold. Together with a solution of the question of sewerage disposal, the introduction of pure lake water, and the cleansing of these rear premises will, we are sure, appreciably affect the usual autumn prevalence of Enteric Fever—if not this year at least next. This positive gain will be fully appreciated by the working classes to whom the loss of time entailed by this long sickness, to say nothing of its concomitant evils, is a matter of most serious import.

DOMINION MEDICAL ASSOCIATION.

It is not necessary to remind our readers that the Dominion Medical Association meets in Kingston, on Wednesday and Thursday, the 5th and 6th of this month. The meetings will be held in Queen's College. The authorities of that Institution having kindly granted the use of their fine buildings for the purposes of the Association Meetings. The various Committees have been actively engaged in their several duties, and the Railway and Steamboat Companies have consented to convey Members of the Association at reduced rates. The Hotels are fair and the prices for board vary from $1.50 to $2.00 *per diem*. The Secretary, Dr. Wm. Osler, desires that those intending to read Papers, present Specimens, Cases in Practice, etc., should notify him of the titles of their papers before the 3rd inst., in order that a suitable programme may be ready to lay before the Members on the first day of the Meeting. The list of papers, which appears in another page of the PRACTITIONER, though not long, covers a wide field, and is of a very interesting character. Present indications point to a meeting which, both as regards the number and character of the papers, and the attendance of Members, will be second to none that the Association has heretofore held in Ontario.

THE EXHIBITION OF SANITARY APPARATUS BY THE ONTARIO BOARD OF HEALTH.

The Sanitary interests of the Province, are intrusted to capable as well as energetic and industrious hands. As witness the bare record of the work done in the minutes of the late meeting of the Ontario Board of Health which appears on another page of the PRACTITIONER. Being fully alive to the desirability of prominently bringing to the notice of the people the best methods of ventilation, isolation, drainage, etc., the Board has happily seized upon the occasion of the approaching Industrial Exhibition, to enforce upon the attention of the crowds who will doubtless throng thither this month—the latest improvements in sanitary apparatus. A Model Isolation Hospital is to be erected upon the grounds and supplied with all the necessary furniture and apparatus required in a building of that character, and in addition they propose to have as complete an assortment of the machinery of sanitation as it is possible to gather together. The Hospital will be used as a casualty ward for the numerous and varied accidents which are almost cer-

tain to occur in crowded assemblages and where the unfortunates may safely and comfortably be detained until recovery or the arrival of the ambulance. In addition the opportunity will be taken to distribute as many pamphlets as possible bearing upon the various points of health preservation, or the eradication of disease. The Barrack Hospital we predict, will not be one of the least frequented of the many interesting sights of our Provincial Exhibition.

LIST OF PAPERS TO BE READ AT THE DOMINION MEDICAL ASSOCIATION.

Case of Chronic Suppuration, Dr. J. E. Graham, Toronto; Diet as a Therapeutic Agent, Dr. Playter, Toronto; On Fracture of the Forearm, Dr. McNaughton, Erin, Ont.; On the Digitalis, Squill, and Strychnine Combinations in Diseases of the Mucous Membranes, Dr. Kerr, Galt, Ont.; Reminiscences of the Visitation to Canada of Asiatic Cholera, Dr. Workman, Toronto; Experiments on Resection of the Bowel, Dr. James Bell, Montreal; Cases of Retroversion and Retroflexion of the Uterus, Dr. Worthington, Clinton, Ont.; An Anomalous Case of Femoral Hernia, Dr. Campbell, Seaforth, Ont.; Case of Paracentesis Pericardii, Dr. McDonald, Londonderry, N. S.; A Specimen of Gangrenous Intestine, Dr. Sheard, Toronto; On Dropsy of the Amnion, Dr. Dorland, Milwaukee, Wis.; On some points in connection with Chronic Bright's Disease, Dr. Osler, Montreal. Papers have also been promised by Dr. Brouse, Dr. Hingston, Dr. Gardner, and others.

DISPENSARY FOR THE DISEASES OF WOMEN.

Heretofore the gynæcological necessities of the Toronto poor have been attended to in a haphazard manner at the General Hospital or at the Dispensary. Neither of these excellent institutions possess the requisite facilities for modern gynæcological practice, nor do the attendant surgeons as a rule have the time necessary to devote to the tedious examination and thorough treatment of such cases. It is, therefore, with sincere pleasure that we learn of the establishment of a Dispensary specially devoted to the treatment of the diseases of women. The Dispensary is situated at 19 Chestnut street. The staff, composed of Dr. Cameron, Dr. Machell, Dr. J. F. W. Ross, and Dr. Riordan, will attend on Mondays, Tuesdays, Thursdays, and Fridays, at the hour of 2 p.m., when gratuitous advice and treatment will be given to the patients, who will be expected to furnish their own medicines, pessaries, etc. The *personnel* of the Staff is a sufficient guarantee for the excellence and scientific character of the work. They have our best wishes for their success.

THE CAMPBELL MEMORIAL FUND IN MONTREAL.

It will be remembered by our readers that Dr. Howard, of Montreal, announced last winter that the sum of $50,000 had been promised towards the Campbell Memorial Fund by one individual, providing that an equal sum was raised from other sources. Since that time the sum of $53,000 has been raised, and the aforesaid individual, who turns out to be the Hon. D. A. Smith, has redeemed his pledge, by handing to Dr. Howard his cheque for the amount promised. The Fund will thus amount to $103,000.

Another citizen of Montreal has offered $50,000 for a Campbell Memorial Wing in the new Hospital, shortly to be erected in that city.

THE American Public Health Association is to hold its eleventh Annual Session in Detroit, Mich., from November 13th to November 16th, 1883. Wm. Brodie, M.D., is Chairman of the Local Committee.

THE American Society of Microscopists met in Chicago, August 7th to 10th.

NEW BRUNSWICK MEDICAL SOCIETY.

This Society held its third Annual Meeting at St. John, when about 50 members were present. The following officers were elected:—President, Dr. Vail; First Vice-President, Dr. Walker; Second Vice-President, Dr. Patterson; Secretary, Dr. G. M. Duncan; Corresponding Secretary, Dr. Coleman; Treasurer, Dr. Nevers.

Dr. Steves, of St. John, proposed that a New Brunswick Quarterly Medical Journal be established under the auspices of the Society.

The next meeting will be held in St. John, in July, 1884.

Some time ago we noticed the organization of a Directory for Nurses in this city, under the auspices of the Toronto Medical Society. We are pleased to learn of the successful completion of the attempt, and of its harmonious working. Great care has been exercised in the selection of the nurses. Competent reliable nurses, Medical, Surgical and Monthly, may be obtained at short notice by applying to the Registrar, Dr. McPhedran, at 7 Wilton avenue. The service is not confined to the city, as applications are received and promptly attended to from any part of the country.

Medical men throughout the country who may be desirous of taking part in the Eighth Session of the International Medical Congress, to be held in Copenhagen from the 10th to the 16th of August, 1884, are requested to communicate with the Secretary-General of the Organization Committee, Professor C. Lange, Copenhagen. Communications should be sent before the 1st of October next, in order that the programme may be made as perfect as possible. The programme and rules will be forwarded to every one who signifies his intention of being present at the meeting.

The fifty-first Annual Meeting of the British Medical Association was held in Liverpool on July 31st, Aug. 1st, 2nd, and 3rd.

The investigation into the condition of the Tewksbury Almshouse has been completed. The charges were found to be grossly exaggerated and brutally urged by the prosecutor, Gen. Benj. F. Butler, Governor of Massachusetts, who conducted the prosecution in a manner entirely in accordance with his reputation earned so well some twenty years ago.

It is proposed to establish in Montreal a Journal of Hygiene, to be the organ of the Canadian Sanitary Association.

Meetings of Medical Societies.

ONTARIO BOARD OF HEALTH.

SECOND REGULAR MEETING, AUG. 14TH, 1883.

The Board was called to order at 2 p.m. Dr. Oldright, Chairman. Drs. Covernton, Cassidy, Rae, Yeomans and Prof. Galbraith, were present. The minutes were read.

A summary of the work done during the past quarter, consisted in legislation concerning School Boards in reference to contagious diseases. Communications about epidemics of small-pox, diphtheria, typhoid, all of a local nature.

Communications regarding nuisances, jurisdiction and duties of local Boards of Health.

The Board adjourned until Wednesday, the 15th, at 10.30 a.m.

Wednesday, August, 15th.

After reading the minutes, reports of committees were received.

Dr. Covernton, on milk adulteration which was ordered to be printed.

Dr. Yeomans, reported on school hygiene. The committee subsequently were instructed to prepare a circular for information desired from the various schools of the Province.

The Board then adjourned.

Aug. 15th.

Board met at 3 p.m. All the members being present. The business taken up was

the fuller consideration of the reports of Standing Committees.

Dr. Covernton read the report of the Committee on Epidemics, in which the cholera question was entered upon. The Board resolved itself into a Committee of the Whole, and the matter was thoroughly discussed. After reporting progress and asking leave to sit again, the Board adjourned at 6 p.m.

FOURTH SESSION.

August, 16th.

Board met at 10.30 a.m., all the members being present. The Board again as a Committee of the Whole took up the discussion of the cholera pamphlet. After reporting progress, and asking leave to sit again, the meeting was adjourned till 2.30 p.m.

FIFTH SESSION.

Board met at 2.30 p.m. The cholera pamphlet again came under consideration of the Committee of the Whole, and was finally adopted as amended.

SIXTH SESSION.

Aug. 17th, 10.30 a.m.

The Board met, Drs. Oldright, Covernton, Cassidy, Rae, and Yeomans, being present.

The Chairman read a report concerning the steps which have been taken by the Committee of Markets and Health, to improve the sanitary condition of Toronto.

It was then moved by Dr. Cassidy and seconded by Dr. Yeomans, and carried, that the remarks of the chairman on the Disposal of Sewage and concerning the contemplated system of sewerage for Toronto and the Island, be referred to the Committee on the Disposal of Sewerage. The following motion in this connection was also carried:

"The Board having learned that garbage, *i.e.*, street scrapings and other offensive materials, are being removed from the city to the Island opposite for the purpose of making soil, would earnestly recommend to the proper authorities that previous to removal these materials should be effectually deodorized and disinfected."

Dr. McInnes, of Vittoria, Norfolk, was thanked for the interest manifested in the work of the Board by his communication on the subject of the prevention of accidents from steam threshers, and his communication was referred to the Committee on Accidents.

A letter of Mr. Samuel Clark, Strathroy, having been read, the Secretary was instructed to answer the letter, agreeing with the principles enunciated, but expressing the inability of the Board, at present, to carry out his plans.

A resolution expressing the deep regret of the Board at the news of the untimely death of the late C. E. Brough, Esq., City Engineer of Toronto, was moved by Dr. Cassidy, and seconded by Dr. Covernton, and carried.

Dr. Cassidy alluded to the smoke nuisance, referring to the action taken in England and in Montreal, and mentioned the surprise expressed by Dr. W. B. Carpenter, that our city should be beclouded by smoke. Looking down upon the city from some outside point, especially in the early morning the true condition of things is more readily appreciated.

It was then moved by Dr. Cassidy, and seconded by Dr. Rae, and carried, That the Board would recommend to its Committee on Ventilation, the consideration of some means by which the smoke nuisance, at present so much complained of in this city, could be removed or mitigated, and that the Committee be requested to report on the same at the next quarterly meeting.

A communication from Dr. Ezra Hunt asking the Chairman to attend the American Public Health Association Meeting, was read, after which a motion by Dr. Rae, seconded by Dr. Yeomans, was carried, delegating the Chairman and Secretary to attend the meeting of the Association at Detroit, on November 13th, and that the Secretary proceed to Lansing.

The Chairman then read a letter from F. N. Boxer, regarding the organization

of the "Canada Sanitary Association," at Kingston. The question of sending delegates to the meeting, as also regarding the proposed Sanitary Conventions at London, Kingston, and Ottawa, was discussed, and Dr. Cassidy moved, seconded by Dr. Rae, that the Chairman of this Board and Dr. Yeomans be appointed to attend the first meeting of the Canadian Sanitary Association, to be held at Kingston in September next. Carried.

Dr. Rae then moved, seconded by Dr. Yeomans, That arrangements be made for holding a Sanitary Convention in the city of London, should the medical men and the municipal authorities of that city deem it desirable and be willing to co-operate, and that Prof. Galbraith and Dr. Rae be a Committee to make such arrangements and attend the Convention, and also that the Chairman and Secretary be associated with them, if the Convention be held about the time of their going to or returning from the American Public Health Association. Carried.

It was then moved by Dr. Covernton, and seconded by Dr. Rae, That a Sanitary Convention be held during the next Session of the House of Commons at Ottawa, and that the members of the Board attend. Carried.

A partial report of the Committee on Poisons and Chemicals was presented and read, and on motion was referred to the Committee on Publications.

The Committee on Publications presented its report which was read and adopted.

The Committee on Finance presented its report which was read and adopted.

The report of the Special Committee on the London Floods was received and adopted.

A communication from Dr. Yeomans relating to certain insanitary conditions at Mount Forest was referred to the Committee on Sewage, Drainage, and Water Supply.

On motion of Dr. Rae seconded by Dr. Yeomans, the Secretary was commissioned to investigate the cause of the extensive prevalence of malaria in the country lying along the Grand River, and that he be authorized to employ such help as he may deem necessary. Carried.

It was then moved by Dr. Yeomans and seconded by Dr. Rae, that this Board have an isolation hospital constructed according to the plan presented by Dr. Covernton, that this hospital be exhibited at the next Industrial Exhibition at Toronto, and also that sanitary apparatus be placed on exhibition within the hospital and sanitary pamphlets be distributed and that the chairman, Drs. Covernton and Cassidy be a committee to attend to this matter. Carried.

Moved by Dr. Covernton and seconded by Dr. Rae, That this Board recommend the government to have 10,000 copies of the next Annual Report printed for distribution. Carried.

The Board then adjourned.

Correspondence.

To the Editors of the Practitioner.

I enclose this in last month's *Naturalist*, which contains an article on the "Lucilia Hominivorax." Though this insect is said to extend north into Canada, I am not aware of any one having a specimen secured in the Dominion. There is an allied species which is known here to attack the sheep, and deposit the larvæ in their nostrils, and giving rise to nervous symptoms, such as are called "staggers," as well as the local ones. It would be desirable to draw the attention of the profession, particularly in the western part of this Province, to these cases, as that part of the country, and west of Manitoba would be the most likely places in which it would be found.

Yours truly,
J. E. White.

[We regret that pressure upon our space forbids us publishing *in extenso* the article from the *Canadian Naturalist* referred to by Dr. White. The *lucilia macellaria* belongs to the *muscidæ*. Their hominvorous propensities have earned for them the name *hominivorax*. They frequently attack horses and cattle in Kansas, and are prone to deposit their eggs in the nostrils of man,

especially when subject to catarrh. The maggots are called "screw worms." A number of cases are recorded. The symptoms are severe pain in the frontal region, swelling and ulceration of the surrounding tissues, caused by the burrowing of the maggots. Most of the cases have been followed by death. In one case, the maggots were apparently killed by injections of milk containing 20 per cent. chloroform. The number of maggots ejected reached from 180 to 300.—EDS.]

Book Notices.

List of Premiums to be awarded at the Twenty-Third St. Louis Fair, October, 1883.

The Fifteenth Annual Report of the President of the Inebriates' Home, Fort Hamilton, N. Y., 1882.

The Management of Abortion. By Walter Coles, M.D. (Reprint from the *St. Louis Courier of Medicine*, August, 1883.)

Weekly Bulletins of Health, issued by the Provincial Board of Health. P. H. Bryce, M.A., M.D., Secretary.

Registration of Physicians of the State of Louisiana under Act 31 of 1882. Reprinted from Report of Board of Health, State of Louisiana for 1882.

A Contribution to the Study of Neglected Lacerations of the Cervix Uteri and Perineum. By Thos. A. Ashby, M.D. Reprint from *Maryland Medical Journal.*

Vaccination. Precautions Adopted Against Small-pox. Duties Imposed upon Municipalities and Individuals. Acton Burrows, Secretary, Winnipeg.

Experimental Researches on the Tension of the Vocal Bands. By F. H. Hooper, M.D., Physiological Laboratory, Harvard Medical School, Boston, Mass.

Synopsis of the New Public Health Law for Manitoba. Measures to Insure Sanitation and Effectually Cope with Epidemics. Acton Burrows, Secretary, Winnipeg.

By-Laws Suggested for the Guidance of Municipal Councils in Establishing Local Boards of Health. Paper No. 12. Issued by the Provincial Board of Health of Ontario.

Extracts from the Reports of the Committee on Public Health, Vital Statistics and Climatology of the Ontario Medical Association. Paper No. 13. Issued by the Provincial Board of Health of Ontario.

Weekly Meteorological Reports and Mortuary Statistics of the City of Lansing, and Weekly Reports of the Health of Michigan. Issued by the State Board of Health of Michigan.

Report of Conference Committee of the Louisiana Board of Health, relative to proposition of New Orleans Auxiliary Sanitary Association; also, Report of Hon. F. C. Zacharie, Attorney, on Ordinance, 216 Council Series.

Outline of the History, Theory and Practice of Quarantine, etc. By Joseph Jones, M.D., President of the Board of Health, State of Louisiana.

The fact that Dr. Joseph Jones is the author of this paper is a guarantee that it is written with authority. The indefatigable energy of Dr. Jones is astounding. The tables (K) giving the commercial statistics of the Port of New Orleans from 1805 to 1882 are colossal monuments of industry.

Illustrated Medicine and Surgery. Edited by Drs. George Henry Fox and Frederic R. Sturgis. New York: E. B. Treat, 757 Broadway, Publisher.

The July issue of this excellent publication has come to hand. The subjects treated of are Plastic Operations on the Face (four Ill.) by A. C. Post. Double Congenital Dislocation of the Hip (two Ill.) by H. B. Sands. Sarcoma of the Anterior Mediastinum (two Ill.) by C. T. Bevan. Cancer of the Breast, Ulceration and Disseminated Nodules (two Ill.) by Geo. H. Fox. Malformation of the Extremities (three Ill.) by J. H. Pooley. The Operative Treatment of Bow-leg and Knock-knee (six Ill.) by Chas. T. Poore. Stillbirth from Unusual Cause (three Ill.) by E. S. Partridge. Apparatus for Fractures of Lower Jaw (three Ill.) by J. S. Wight.

The Essentials of Pathology. By D. Tod Gilliam, M.D. Philadelphia: P. Blakiston & Co. Price $2.00.

A small book of some 300 pages, devoted to the unfolding to the beginner the fundamentals of pathology, in a plain, practical way. The assertions are dogmatic, the size and intentions of the book not admitting of lengthy discussions. For a similar

reason bibliographical references are regarded as a detraction and are left out. The illustrations are clear, and, in many instances, are recognised as old friends—we should be pleased to meet with more of them. Comparisons are odious. While cordially admitting a possible sphere of usefulness to the work before us, we are constrained to add that, in our opinion, it cannot supplant other established works on pathology.

Personal.

Dr. W. H. Aikins has commenced practice in Winnipeg.

Dr. J. H. McCollum, has returned from his European tour.

Dr. James H. Richardson has gone to Winnipeg for a short trip.

Dr. Chafee has started practice in Toronto, on Mutual Street.

Drs. Fulton and Geikie visited the Lower Provinces in August.

Dr. Andrew Clark and Mr. Prescott Hewett have been created Baronets.

Drs. Geo. Wright and McFarlane, of Toronto, spent their holidays in Muskoka.

Dr. Reeve, of Toronto, and Dr. Buller, of Montreal, were *eyeing* the North-west Territory in August.

Professor Parrot, the celebrated physician of the Paris Faculty, died on the 5th of August, after two months of great suffering.

Dr. Mewburn has applied to the City Council for the superintendency of the Cholera Hospital, in this city, when it is established.

Dr. T. S. Covernton, of Winnipeg, left England on the 30th July, on a voyage to the Flowery Kingdom. He expects to return in December.

Dr. L. S. McMurtry has retired from the Editorship of the *Louisville Medical News*, his place being supplied by a former Editor of that Journal, Dr. H. A. Cottell.

L.R.C.P.—On July 26th, W. Fidler Cleaver, of Kingston and J. Simpson Lathern, of McGill University, Montreal, obtained the Licentiate of the Royal College of Physicians.

The names of Dr. Covernton, on the Committee of Medicine of the Ontario Medical Association, and Drs. Cassidy, Barrick, and Baines, on the Committee of Obstetrics, were inadvertently omitted from the lists furnished last month.

Dr. Archambault, Physician of the Children's Hospital, Paris, died on the 14th July, æt. 61. He was a pupil of Trousseau, and like his teacher, advocated tracheotomy in croup. He was a large contributor to French Medical Literature.

M.R.C.S.—On the 18th July—Geoffrey Strange Beck, M.B., Toronto; Charles Ernest Cameron, M.B., McGill; William Hector Macdonald, M.B., Trinity College, Toronto; William Nattress, M.B., Trinity College, Toronto; Philip John Strathy, M.D., Trinity College, Toronto, on July 25th.

Prof. H. Newell Martin, of Johns Hopkins University, has been appointed Croonian Lecturer of the Royal Society of England for the present year. The subject of his lecture is "The Effect of Changes of Temperature on the Beat of the Heart."

Dr. John S. Billings has declined the offer of the Professorship of Hygiene at the Johns Hopkins University, preferring to retain his position as Surgeon in the Army and Superintendent of the National Medical Library. He has, however, consented to deliver a course of Lectures on Hygiene in the Institution during the coming winter.

Dr. J. E. Graham, of Toronto, paid a visit to the leprous district of New Brunswick in August. From there he intended to go to Lake George to attend the Annual Meeting of the American Dermatological Association, August 29th, 30th, and 31st, where he was expected to read a paper on General Exfoliative Dermatitis.

Gustave Adolphe Valentin—Physiology has lost another worthy representative in the person of Professor Valentin, who died at Berne, on the 24th May in the 73rd year of his age. He refused the brilliant offer of Russia weighted with the condition of apostacy, and accepted the humbler position in the Swiss University. He was the first Israelite who had been named to a University chair.

Filippo Pacini, æt. 71, died at Florence on the 9th July, 1883. He was one of the most illustrious of Italian scientists. He

studied in his native town of Pistoia, then at the University of Pisa, whence he removed to Florence. He filled the Chair of Descriptive Anatomy at the Royal Lyceum of Florence. He was the discoverer of the Pacinian corpuscles. His contributions to scientific journals covered a wide range and found their way into the transactions of most of the scientific bodies of the old and new world.

Miscellaneous.

A Rapid Method of Demonstrating the Tubercle Bacillus without the Use of Nitric Acid—Dr. Heneage Gibbes, in a paper on this subject, says: The following method, which I have used for some time with great success, will, I think, prove useful to those requiring the demonstration of the tubercle bacillus for diagnostic purposes in a rapid manner. The great advantage consists in doing away with the use of nitric acid. The stain is made as follows: Take of rosanilin hydrochloride two grammes, methyl blue one gramme; rub them up in a glass mortar. Then dissolve anilin oil 3 c.c. in rectified spirit 15 c.c.; add the spirit slowly to the stains until all is dissolved, then slowly add distilled water 15 c.c.; keep in a stoppered bottle. To use the stain: The sputum having been dried on the cover-glass in the usual manner, a few drops of the stain are poured into a test-tube and warmed; as soon as steam rises pour into a watch-glass, and place the cover-glass on the stain. Allow it to remain for four or five minutes, then wash in methylated spirit until no more colour comes away; drain thoroughly and dry, either in the air or over a spirit lamp. Mount in Canada balsam. The whole process, after the sputum is dried, need not take more than six or seven minutes. This process is also valuable for sections of tissue containing bacilli, as they can be doubly stained without the least trouble. I have not tried to do this against time, but have merely placed the sections in the stain and allowed them to remain for some hours, and then transferred them to methylated spirit, where they have been left as long as the colour came out. In this way beautiful specimens have been made, without the shrinking which always occurs in the nitric acid process.—*Lancet*, May 5th, 1883.—*Med. News.*

M. Souvielle Caught in the Act.—The public has been made aware of the return of M. Souvielle, the Proprietor of the Lung and Throat Institute, and his doings in Europe. Almost every newspaper (in which his advertisements appear) has had laudatory puffs about the tin-pot inventor. In none of them, however, do we find any reference to the following interesting transaction which shows to what length this person has gone to get a qualification. In the London *Lancet* of June 30th, appears the following editorial item:—

"An official announcement at the University of Erlangen, states that one Matthew Souvielle, from Montreal, has attempted to obtain the doctorate by palming off as an original dissertation an essay on Diabetes, by Dr. Bürgel, which appeared in *Deutsches Archiv fur Klin. Medicin* in 1873. The would be graduate performed his imposture somewhat clumsily, for he neglected throughout the essay to substitute English names for the German ones. He had, however, converted "Professor Liebermeister" into Professor Spencer."—*Can. Med. and Surg. Journal.*

"In a rich agricultural district near a large town, an unopposed practice, worth about £500 including appointments, £100. Held by vendor, twenty years, etc."

What a world of pathos lies in these! Fancy the wearing struggles of twenty years to pay one's way, bring up a family, and appear like a gentleman, on £500 a year, with a horse to keep, and a drug bill to pay out of that. "In a rich agricultural district!" What kind of influence would the impecunious doctor have over the moneyed bucolics, many of whom probably are members of clubs, that represent the £100 a year, and claim his best attendance from several miles distance, for half-a-crown per annum? What is a man likely to think of one whom he can order about at his sweet will and pleasure for half-a crown a year? The wonder is, not that we have so little influence, but that we have so much as we have. For this thing reflects itself. It not only degrades the individual, but his profession; and, even as we all derive a certain measure of reflected glory from the discoveries of Harvey and Jenner, so do we derive vicarious shame from this cheap barter.—*Brit. Med. Jnl.*

Cleaning of Sponges.—For removing the greasiness of toilet sponges that have

been in use for some time, M. v. Valta recommends the following:—The sponge is first washed with water as well as possible, then placed upon a plate, a little powdered calcium chloride being sprinkled over it and allowed to liquefy; after about thirty minutes it may be washed with water and dried, when it will have an appearance like a new sponge.—*N. C. Med. Journal.*

Good Work and Bad in Medicine.—The following graphic sketches of two types of professional workers are from a recent address of Dr. Andrew Clark:

In the work of the younger members of our profession I see, or at least I think that I see, greater care, patience, and accuracy in observation, a more rigorous fidelity in the record of therapeutical experiments, wiser caution in speculation, graver deliberation in judgment, a growing frankness in the confessions of oversights and errors, increasing severity in the sifting and testing of their own conclusions, a readier effacement of personality in the work, less unseemly eagerness for mere priority of publication, a deepened sense of the responsibilities of premature speech and writings, a rapidly abating bitterness in the conflicts of opposing views, a more robust and manlier spirit of scientific life, and less reluctance in making admission that there is no unconditional truth in the results of our inquiries—no finality in our finished work—no creed in medicine.

But, for one competent and conscientious worker there are ten incompetent and unconscientious, and who in divers ways hinder our progress and spoil our present possessions. Intolerant of the patient and painful toil of the true worker, acute in power of superficial observation, gifted with a certain showy versatility, quick at catching hold of new ideas, ingenious in guessing, crude in experiments, loose in therapeutic trials, hasty in speculation, strong in dogmatic assertions, accomplished in the transfiguration and use of other men's work, finding what they want wherever they seek, unhindered by difficulties, facile in speech, ready in writing, thirsting for notice, such men, now, alas! not uncommon in medicine, beget papers so quickly that they can have no necessary relation to time, observation, or thought, and flood our literature with their unworthy if not unveracious lucubrations.

The favourite hunting-ground of such men is therapeutics, and their favourite sport is the catching of new remedies, the putting of them to new uses, and the setting forth of their successful results. These men discern no difficulties and have few failures; they can illustrate their successes by scores of cases, and explain them by the most ingenious theories. There is scarcely any limit to the extent or the variety of their achievements; and, as they flaunt along in the fulness of self-satisfaction, they look down with pitying condescension upon those in the strait and narrow way, who conscientiously toil with small success in seeking after truth, but who, nevertheless, missing the praise of men, find strength and solace in the sacred search.

A Method of Cleaning Catheters.—A correspondent of the *Lancet* says:—"Take a cork of more conical form than that commonly used, with a hole made through it longitudinally; pass the catheter through the hole, and fix the cork into the tap of an ordinary water pipe (hot water one preferable), and turn on the water. By so doing, the force of the water is greatly increased, and the catheter is properly cleaned."

Dr. John L. Altee, relates of Dr. Thomas C. James, Professor of Midwifery, in the University of Pennsylvania, in 1815—"That he was a very modest and agreeable gentleman of Quaker origin. He had such a sense of delicacy that he could not bring himself to lecture on the female organs of generation, but entrusted this part of his course to Dr. Horner."

Royal College of Surgeons, England.—In Collegiate year 1882-83, there were 1,119 candidates for the primary examination, of whom 324, or 28.95 p. c. were rejected; and 769 for final, of whom 281, or 36.54 p. c. were rejected. This includes 13 from Canada in the two examinations, of whom 3, or 23 p. c. were rejected.

Bromide of Sodium in Sea-Sickness.—Mr. T. M. Kendal, in the *British Medical Journal*, says that bromide of sodium, in doses of ten grains three times a day, is the best remedy for sea-sickness.

A Chinese doctor, in Arizona Territory, was fined $100, because his diploma turned out to be only a laundry list.

Puck defines an ear-ring as a convention of otologists. The *Medical Age* asks, "would it call a dentist a tooth-pick?"

THE

CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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TORONTO, OCTOBER, 1883.

Original Communications

ABSTRACT OF ADDRESS TO MEMBERS OF THE DOMINION MEDICAL ASSOCIATION.

DELIVERED BY J. A. MULLIN, M.D., PRESIDENT.

KINGSTON, Sept. 5, 1883.

Gentlemen of the Canada Medical Association:

"I must thank you sincerely for the very high honour you have conferred on me in electing me to preside at this meeting. When I think of the many energetic workers I have met from year to year at our meetings, it is not difficult to see that this honour might have more justly passed to many others before it reached me, and indeed, for my own part, I could easily have waited."

After referring to the pleasure he experienced at meeting so many young and enthusiastic members of the profession, as well as old familiar faces, he expressed his sorrow for those who had gone, and paid a high tribute to the memory of Dr. David, as well as to that of Dr. Campbell.

"The importance of our annual meetings cannot be over-estimated; each of our Medical and Surgical Societies has its sphere of usefulness. Our County, City and Provincial Associations can do work that will advance the interests and knowledge of the members of the Profession; but the highest and best results may be attained by this Society gathering each year the members of the Profession from all parts of the Dominion, who in the discussions will reflect the progress we are able to make. We all cordially agree with the remarks made by the President of the Ontario Medical Association, at its late meeting, who referred to the relationship of the various local societies to this, and indicated that while each worked in its own sphere, all should co-operate and endeavour to promote the work of the Dominion Association."

He thought those persons who held the view that itinerancy was dangerous to the best interests of the Society, were wrong. The present successful meeting was the strongest argument against their case.

"We meet now in the old city of Kingston, and look for continued success when we reflect upon the standing of the Profession in this vicinity, and remember that we have come to an important centre of education and culture. Every member of this Association gladly recognizes that the Institutions of this city remain worthy of the history of Eastern Ontario, and exercise their influence over the youth of the present with increased vigour, corresponding to the growth of our country.

"The question naturally occurs: What progress have we made in our store of professional knowledge since we met a year ago? It would be difficult for any one to keep pace with the work that is done each year—so many workers in every branch—so many enthusiastic enquirers in every part of the field, it is almost impossible for any one engaged in the active duties of an everyday life to do more than glance at

much that is being done. I will not therefore attempt even a slight sketch of the work of the past year, but confine my remarks to one subject, which in late years has received the attention of many investigators.

"The name of Lister must stand among the foremost of those who have done much for the advancement of professional knowledge. I do not say that in the antiseptic method which he instituted and did so much in improving, the profession has by any means reached an ultimate result beyond which it is impossible to pass. Such does not seem to be his own view—he still hopes for better methods to accomplish his aims. The great merit of Lister's work lies in this, that it was by his writings the attention of the Profession was called to the agencies through which the decomposition of organic substances is effected. I know that by some it is held that when organic substances are removed from the sphere of vital action, the tendency is towards decay. I have heard it stated that decomposition is, as it were, a law of nature, that as all organic forms live for a time and fulfil their place in the life, their decay is inevitable; that their ultimate particles are held together by so loose a bond, that when life departs the forces of chemical affinity soon resolve them into simpler forms. Noticing the effects of the atmosphere—its water—its oxygen, etc.—upon the various inorganic substances presented to its action, the wearing away of the hardest rocks, the oxydizing of metals—what more natural than to suppose that organic substances are likewise changed, and that all the phenomena of putrefaction are due to the same influences? As practitioners of medicine, however, we must recognize that while chemical affinities may and do play their part, the decompositions with which we have to deal, are attended with and seem to be dependent upon the growth and development of vegetable forms; such appears to have been shown by the investigations of Pasteur, as well as by those of other observers. It is possible that organic substances exposed to the influence of the atmosphere, apart from that of vegetable life, might in the course of time become decomposed; this however would probably be a very slow process, for we constantly witness the long continuance of organic forms when means are taken to preserve them from the effects of vegetable growth; and, upon the other hand, of the putrefaction which takes place with the growth of vegetable life. The housekeeper knows well how surely the appearance of mould indicates that the fruit is no longer in a state of preservation, and in its absence she is equally certain that her labour has not been lost. The influence of chemical knowledge upon our minds has rendered difficult the acceptance of the theory that the decomposition of organic matter is due to vegetable growth; although it is hard to understand how a ferment, which does not through chemical affinity take part in the change, may determine it. We were taught and constrained to believe that such was the case, seeing that no other cause for it was known to exist. When we reflect, however, upon the forces which are displayed in vital action, and witness the readiness with which living forms appropriate the materials suitable for their growth, an easy explanation seems to be given of the rending asunder of matter that has ceased to live, and whose elements are fitted to nourish other forms that are always present and able to appropriate them.

"In a solution composed of a small percentage of potassium phosphate and magnesium sulphate, with a further percentage of phosphate of lime and tartrate of ammonia, bacteria are found to grow rapidly; from the ammonia salt they are able to derive the carbon and nitrogen necessary for their formation, and if their vital forces in the action of growth and multiplication are equal to the decomposition of the salts of this solution, it is easy to understand how organic substances may be changed and the

same elements derived from them. Perhaps it may be thought that the decomposition first takes place, and the vegetable growth is the sequence; but in reply to this we may say that such has not been shown; while, upon the other hand, the experiments of Pasteur and Tyndall prove how long organic substances will continue without evidence of putrefaction and how speedily this occurs when the first step towards it is taken by the introduction of vegetable life.

"In the treatment of wounds it is universally admitted that it is of primary importance to avoid decomposition, and it is also of primary importance to recognize its causes. Allow me to quote some remarks made by Mr. Gamgee who says 'that infection is always floating in the atmosphere, ready to settle in the shape of impalpable and implacable germs into any breach which may be made in the surface of a living body, is an idea which has never troubled me.' In the same paragraph he refers to the means useful to minimize the material for and the causes of discharge, viz., carry it off as produced by drainage-tubes and absorbent dressings; and states 'that life is the great antiseptic.' * * True it is that life is the great antiseptic, and it is probably also true that as regards tissues which are *instinct with life*, vegetable forms cannot exercise a malign influence; but the vitality of tissues which have been wounded must be to a certain extent impaired, and the fluids on the surface of a new wound are not within the same vital influence as those which pass from the vessels in the nominal operations of nutrition. It is therefore acting upon true antiseptic principles to follow the advice given by the able surgeon, and thus lessen the soil upon which vegetable forms flourish and give rise to poisons producing fevers when absorbed; and if recognizing their influences we can use means to prevent their access to wounds, we are carrying out the principles of rational surgery, which comprehend the fullest knowledge of the causes preventing the repair of wounds. The question of the cause of decomposition has its relation to the practice of medicine; and although it appears to be the result of the presence of vegetable forms, yet we must remember that this may be only a part of the truth. If decomposition may result in the formation of poisonous substances which, carried into the circulation, produce fever, the question arises, do contagious fevers depend upon changes due to the action of vegetable forms upon the fluids? The current of medical thought seems tending to this belief, and yet before this can be affirmed, it should be proven that the changes in vital fluids causing fever, are due to the influence of vegetable growths, and to this only. This is indeed a most important question to determine, and we cannot reflect upon it without realizing the difficulties which oppose our reaching the truth.

"When a discussion on the germ theory took place in the Pathological Society of London, in 1875, Dr. Murchison called attention to a chemical process which presented some resemblance to the multiplication of contagion. He said that a substance called oxamide is decomposed when it is boiled with acids or alkalies into the oxalate of ammonia, and if the acid selected be oxalic acid, a small proportion of this acid will convert an infinite quantity of oxamide into the oxalate of ammonia; in other words, the oxalic acid which excites the change will itself be indefinitely multiplied. Again, while the vinous, the lactic, the viscous, and butyric fermentations, are each attended with and seem to be dependent upon the growth and multiplication of organic forms peculiar to each, it is known that many organic substances when boiled with water and a small quantity of acid, undergo hydration and decomposition, or other chemical transmutation, the acid remaining ultimately in its original condition. Cane sugar is converted into dextrose, starch into dextrine and dextrose. Diastase found in the germination of grain (in malt-

ing) has the power of converting many times its weight of starch into dextrine and dextrose in the presence of water at a temperature of 66° C. These ferments—the acids excepted—lose their efficacy at temperatures near 100° C. in presence of water; in the dry state they may survive boiling heat. Now here are substances which at certain temperatures induce chemical changes without entering into the composition of the resulting products; and with these facts in view is there not strong ground for believing that the fluids of the body may also be changed by ferments introduced into them, without those ferments being other than decayed or changed albuminous compounds?

"A very great difficulty presents itself when an attempt is made to separate from a pyrogenous liquid that element which produces fever. Dr. Burdon Sanderson, by precipitating with alcohol and then extracting with water, obtained an extract which proved pyrogenous. He shows that this extract is not really in solution, that though it has passed through filtering paper, it still contains particles which carry with them the power of causing fever. He has ascertained that no animal poison is really soluble and adopts a plan of filtering through porcelain, thus obtaining a filtrate which will not produce fever. This filtrate differs from that which has passed through paper in this important particular—it is barren. The first filtrate when under the microscope contained no bacteria, but particles were to be seen; after an hour bacteria were present in considerable numbers. The filtrate through porcelain showed no bacteria, and examined twenty-four hours afterward continued barren. Now here the natural inference is that the fever producing agent is to be found in the particles, and yet may it not be possible that an animal fluid in passing through the fine cells of porcelain may be chemically changed, and that the absence of fever producing energy is due to this change.

"It is well understood that all bacteria found in diseased tissues cannot be regarded as causes of disease. When an animal fluid begins to decompose bacteria are seen, and the forms of vegetable life which appear depend upon the composition of the fluid. One specimen of urine will show the bacterium termo. If sugar is present the torula cerevisiæ also appears; in other specimens small round cells are seen, sometimes isolated, sometimes in chains. So also is it probable that according to the tissue decomposing, different forms of bacteria are present, each form, as it were, choosing that tissue most suitable for its growth. Hence even if after death bacteria are found in any tissue, they cannot at once be regarded as causes of disease. It may be that in the dying body the bacteria which seems to infest the surface of the body and the mucous lining of the intestines in countless numbers, may pass inward to lay hold of the elements that are dead before the life of the whole body has ceased.

"In this way perhaps may be explained that in diseases quite different from one another the same bacterium appears or the same apparent form. It has been suggested that after all the diversity which is seen in fevers, several may depend upon the same bacterium, which in the course of time has been modified by the circumstances under which it has gone, so that while it retains its primitive form it has acquired varied properties producing one form of fever in one case and another form under different circumstances. In like manner it has been found that the harmless hay bacillus may be modified and endowed with the energy of the bacillus anthracis, and that the latter by a process of cultivation may be so changed that instead of causing disease it becomes a vaccinal antidote. The discoveries which have been made regarding bacteria certainly are marvellous and call forth our highest admiration; and yet there are some that as certainly call for a large degree of faith. When it is shown, however,

that the same morphological forms are endowed with facilities so different, it is for us to remember that in chemistry it is sometimes found that substances composed of the same elements in the same proportion are endowed with diverse qualities.

"Turning now from these considerations we must recognize the substantial advances which appear to have been made. Among these I may notice the results of Dr. A. Ogston's experiments, for it seems to me he has shown the relationship of acute suppuration, attended with fever, to micrococci, which occur in two forms called staphylococcus and streptococcus. These growths are found present in a large number of acute abscesses, erysipelas, pyæmia, and gangrene."

Dr. Ogston's experiments were then detailed at some length. He found that a drop of pus containing micrococci when introduced into a fresh egg, caused the development of myriads of these microscopic forms. A drop of albumen from the infected egg injected under the healthy skin occasioned the development of similar abscesses abounding with micrococci.

"Experiments like these seem to go far in showing the dependence of acute abscesses and the other affections referred to upon these vegetable growths; and they prepare us to receive the recent teaching as regards the causation of tubercle. The nature of tubercle, however, is such as to form a nidus in which we might expect that bacteria would readily lodge. It is known that vegetable parasites more frequently infest persons whose constitutions are not robust; the tinea tonsurans is difficult to remove in proportion to the weakness of the individual affected; and when we consider the absence of vessels in tubercle, its tendency to caseation and softening, together with the easy access through bronchial tubes of bacteric forms, it is not surprising that they should flourish in morbid products so far removed from healthy tissue. The appearance of the bacillus even in the early cells of tubercle may be compared to the presence of micrococci in the superficial epithelium of the mucous membrane of the mouth. These latter cells are in the last stages of life, and we may regard the early cells of tubercle as similar in this respect, for they have feeble vitality and soon pass into decay. At the present stage of the discussion, therefore, we may well hesitate before concluding that the dependence of tubercle upon the bacillus has been fully demonstrated. It is to be noted that since the discovery was first announced many observers have confirmed the results of Koch's investigations as to the presence of a bacillus peculiar to this pathological product. This certainly seems to have been a most important discovery as regards diagnosis, for the question whether a recognized change at the apex of the lung is or is not of a tubercular nature, is often most difficult to answer. That such a causation seems to be opposed to what is well known with reference to the hereditary transmission of this disease, or that we must now regard consumption as contagious, are conclusions we must not be too hasty in drawing, while many difficulties oppose the efforts made to ascertain the influence of lower forms of life in causing disease, their study has resulted in advance in the practice of an art. Although it may not be possible to entirely prevent decomposition in wounds, yet surgery will be successful in proportion to the success of our means to attain this end; and the usefulness of many of the appliances in surgical practice depends upon their action in preventing decomposition. In midwifery it may not be possible to place the lying-in woman in an atmosphere of carbolated watery vapour, yet if we take care to secure the complete contraction of the womb and the expulsion of all clots after labour, to unite by sutures when necessary wounds in the vagina and perineum, and direct attention to the removal of discharges that would form a nidus for decomposing agencies, we are

adopting an antiseptic course easily available and powerful to prevent fever in the puerperal period. It has been thought that if the various contagious fevers and also tubercle depend upon bacteria, 'the treatment of disease will resolve itself sooner or later into a kind of *germicide*, within and without the body—within in the fluids, and without in the noxious elements which surround it.' But it does not seem possible that the labours of the medical profession will be very successful in destroying these forms within, whatever it may be possible to accomplish outside of the body. Dr. Ogston has shown how difficult, if not impossible it is to destroy micrococci on the surface of a wound. It does not seem possible, therefore, that we can hope to benefit patients suffering from typhoid fever, tubercle, or any other disease which depends upon the action of vegetable growths, by destroying such in the body, for the agents that destroy them would also be deleterious to the patient. Even though a two per cent. solution of carbolic acid, or one in five thousand of corrosive sublimate, destroys a virus outside of the body, we can hardly hope to bring such solutions into contact with disease processes. Our knowledge at present is in accordance with that long since found true—that as regards contagious fevers and tubercular diseases our efforts must depend to a great extent on our success in teaching the public to rely less upon antidotes and more upon those means which tend to build up strong frames capable of withstanding the agencies causing diseases. That our main hope of lessening the mortality from these diseases lies in carrying out by the public of proper sanitary measures, and as regards the individual, attention to the laws of health:

* * * "By Temperance taught
In what thou eat'st and drink, seeking from thence
Due nourishment, not gluttonous delight,
Till many years o'er thy head return;
So may'st thou live till like ripe fruit thou drop
Into thy mother's lap, or be with ease,
Gathered, not harshly plucked."

SARCOMA OF THE CLAVICLE.

JAMES THORBURN, M.D.
(Reported by Mr. C. M. Foster.)

W. H. D., æt 43—a short, spare man, admitted to the Hospital, July 9th, 1883, under the care of Dr. Thorburn, on account of an obscurely fluctuating tumour, about the size of an orange, situated just above the sternal half of the right clavicle, and apparently closely connected with this bone.

History.—About nine weeks previously had noticed slight soreness at the point where the tumour subsequently made its appearance one week later, as a small, firm, nodular swelling, which throughout its growth gave little or no pain beyond slight soreness after manipulation, or when pressed upon by any weight, *e. g.*, when carrying poles or posters on the shoulder, which had been his occupation for some time previous to growth of tumour. His health he says has been always good, and is now quite as good as it was two months ago.

Examination of the different organs gave negative results, these being so far as can be made out perfectly healthy. Neither deglutition nor respiration have been in any way interfered with. The left cervical glands are slightly enlarged, as are also the axillary and inguinal of the same side; the left epitrochlear about the size of a hazel nut, hard and tender; about the middle of the anterior surface of the left forearm is a small round firm nodule, slightly smaller than the epitrochlear gland, having the same appearance and sensation when examined; about three inches below this is a smaller similar growth; neither of these are painful or tender. On the right side the axillary and inguinal glands are enlarged, more so than on the left; two firm nodular swellings on the right forearm having the same appearance and position as those on the left. The anterior portion of the trunk is more or less covered with small growths entirely devoid of pain and tenderness, and have

existed as long as he can remember; they are firm, and the integument covering them is of the same colour as that of the rest of the body; a few may be seen on the back and on both arms, but none on the lower extremities; these vary in size from a split pea to a five cent piece, and are only slightly elevated.

In the lumbar region, a little to the right of the median line, a comparatively soft flaccid tumour about the size and shape of a good sized lemon exists, which, on grasping between the fingers gives the sensation of a number of firm coils contained within it, not unlike that produced by a lymphangioma; the integument covering this growth is pigmented, being of a dirty brown colour; it has been present from childhood, increasing gradually in size up to twenty years ago, since which time it has remained stationary; has never been at any time painful or tender; closely surrounding it is an abundant growth of long coarse black hair. In a space about 6 in. x 3 in., near the inferior angle of the left scapula there is a quantity of long black hair, none existing on the opposite side. About three inches to the left of the umbilicus is a firm slightly elevated tumour 1 in. x ½ in., the duration of which is unknown; this tumour has the appearance of an unpedunculated lipoma.

Aspiration of the tumour over the clavicle only yielded a few drops of blood.

The tumour when examined on the day before operation was found to be softer, and to give fluctuation much more readily; firm pressure on one end seemed to distinctly force a considerable amount of fluid to the other.

Operation, July 20th.—A longitudinal incision about three inches long, being made over the most prominent part of the tumour, through the integument and subjacent tissue, the growth was discovered to be firmly enclosed in a capsule, closely adherent to the clavicle; by carefully separating the surrounding attachments with scalpel and fingers, (care being needed to avoid the wounding of important vessels) the soft mass was removed, about the size of a goose egg, extremely vascular, and containing on cutting into it a large quantity of extravasated blood; the cut surface had a greyish-white, faintly translucent appearance, at parts slightly fatty, at no part could any softening or breaking down of the tumour be detected; the general appearance was characteristic, of a rapidly growing sarcoma. Another growth of about equal size was also removed from behind, and beneath the sternal end of the clavicle, and extending about two inches down the posterior surface of the sternum; this, with the exception of being much less vascular, was similar to the one first removed. After arresting all oozing, which was considerable, a few carbolized cat-gut sutures were used, strips of plaster and antiseptic dressings; for some days there was considerable gaping of the wound, and some discharge of thick pus, both of which had entirely disappeared two weeks after operation, the wound looking clean and healthy, and union almost complete. During the last few days of the healing process iodoform was used, which appeared to hasten it, so that perfect union exists three weeks after operation. The temperature ranged from 99° to 102° (reaching the latter twice, viz., on the evening of the 3rd and 5th days.)

August 9th.—Complains of constant dry irritable cough preventing his sleeping; a week before this had coughed up some small blood clots at which time he complained of severe pain in the splenic region increased on taking a long breath.

August 16th.—No pain or cough, appetite good, feels "as well as he ever did," no symptoms to point to metastatic visceral growths.

Microscopical examination of the tumour showed it to be a spindle-celled sarcoma, with portions here and there composed entirely of round cells, very vascular and showing beautifully the arrangement of the

blood vessels, the walls of which consisted almost entirely of the sarcomatous cells, thus demonstrating the manner in which metastatic sarcomata are diffused.

This case is an interesting one in many respects; the rapidity of the growth is of importance both as regards diagnosis and prognosis, and in this respect will bear comparison with a case published in a late number of the *Lancet*, by Mr. F. Mason; a man aged 58 with "a tumour about the size of a fœtal head, situated at the upper third of the humerus, moderately firm and somewhat elastic," and only seven weeks growth, which on examination proved to be a round-celled sarcoma; in this case local recurrence and secondary growths resulted, case ending fatally three months after the first appearance of the tumour.

The constant irritation produced by carrying poles over the shoulder suggests a cause, but does not explain why this special form of tumour should have developed, or why instead some form of chronic inflammation should not have been the result; we are therefore driven to the conclusion "that there is a specific, qualitative abnormal reaction of the tissue"* which determines the effect produced in the tissue by the irritation. This peculiar specific predisposition may be accounted for if we accept Cohnheim's embryonic hypothesis which would refer the origin of the tumour to a portion of unused belated embryonic tissue, which on the application of some external or other form of irritation, develops into a tumour. It has been objected, that were these embryonic germs to exist indefinitely buried in the surrounding fully developed tissue, without undergoing any change or development, they would then be simply foreign bodies entirely without independent life, for supposing them to be living and receiving nourishment from year to year why should they not give evidence of their existence long before they often do?

* Billroth's Surgical Pathology.

The slight though general enlargement of the glands may have an explanation in the relation observed between the red and white corpuscles of the blood, viz., 1 in 27 (Gowers' Hæmacytometer used).

It is intended to remove the growth in the lumbar region if the patient's permission can be obtained.

Dr. Thorburn considered the marked increase of fluctuation obtained on the day before operation to be due to rather free manipulation a few days previously; this would be borne out by the large quantity of extravasated blood found in the tumour on cutting into it, also by the extreme vascularity of portions of the growth, exhibiting an almost sponge like structure under the microscope. The almost entire freedom from pain is a point to be noted. Speaking of sarcomata Billroth states that if they be not located in or on nerve trunks, they are usually painless till they break out.

A CONTRIBUTION TO THE STUDY OF ENTERIC FEVER.*

BY J. J. CASSIDY, M. D.

Mr. President and Gentlemen:—

So much has been written, and well written, about Enteric fever that it would be difficult to advance anything novel or striking. If however, at this early stage I might be permitted to express a hope, it would be that future observers, following in the footsteps of M. Pasteur, would endeavour to isolate the special germ of this disease, and by inoculating the lower animals with the virus, establish beyond question the correctness of the doctrine that Enteric fever in man always arises from the introduction of a specific germ.

In this country as well as abroad we find the same causes powerful to produce it, and the same preventive measures sufficient for its extinction. According to the general consensus of medical opinion the contagium of Enteric fever is developed from the ex-

* Read before the Ontario Medical Association, June 6th and 7th, 1883.

creta of patients afflicted with that disease This contagium is harmless at the time it is excreted; but in a short time by fermentation or otherwise, it multiplies and acquires a virulent activity. When from the neglect of the proper precautions such as efficient disinfection, etc., its vitality has been developed, if the germ finds its way into the sewer, drinking water or milk, and is swallowed or inhaled by a person in whom there is present at the time a receptivity for the disease, Enteric fever results. It is a matter of the commonest observation that exposure to the effluvia of decomposing substances or the drinking of water containing them are of themselves insufficient to produce Enteric fever. These are the conditions most favourable to the development of the poison; but in order that the disease may be produced something more is necessary, and that is the specific germ itself. Not every one however, who drinks polluted water or breathes fever laden air takes Enteric fever. But the same may be said of Malaria or Cholera poison. Individual susceptibilities no doubt exist, or a special state of the constitution may have its influence, viz: the acarus scabiei, cannot thrive in every soil; but when these points are conceded, the main fact still remains, that each case of Enteric fever can be traced to a pre-existing one of the same disease. I am aware that very recent observers, such as Murchison, contend that the specific cause of this disease may be generated *de novo* in sewage, without the presence of the enteric excreta. That there is much cogency in the instances and arguments adduced in support of this view, cannot be denied, still we may safely contend that the *accidental* presence of the specific poison and its prolonged *latent existence* are capable of explaining every case of the apparently spontaneous origin of the disease with less violence to our sense of the relation of cause and effect, than the doctrine of independent origin. Thus a walking case of typhoid not recognized as such or a case of mere intestinal catarrh, due to the cause of typhoid, may import the specific germs into a locality previously exempt, and in this manner give rise to an outbreak apparently spontaneous, or the contagium may be transported in the bedding or clothing of patients, and in other substances, which may serve as fomites. Numerous instances might be adduced in support of this view; but I shall content myself with quoting the following which Murchison says was related to him on excellent authority. It proves beyond question, the possibility of the transmission of the infecting principle of Enteric fever to a considerable distance without the direct importation of a case and without the person who serves as the vehicle of importation necessarily becoming the subject of the disease.

"In 1859, the wife of a butcher residing in the small village of Warbstowe, situate between Launceston and Camelford, on the Cornish Moors, travelled to Cardiff in Wales, to see her sister, who was ill and soon after died of typhoid fever. She brought back her sister's bedding. A fortnight after her return to Warbstowe, another sister was employed in hanging out these clothes and soon after was taken ill with typhoid fever, which spread from her as from a centre. The woman who had been to Cardiff never took the fever herself, there had been no cases in Warbstowe previous to her return; neither were there any cases in the neighbouring villages, either before or after." The frequency with which washerwomen are attacked is to be explained by the fact that the dejections undergo the changes necessary to render them capable of producing the disease in the bed linen and clothing of the patients.

On the whole, then, the weight of evidence is against the doctrine of the spontaneous origin of Enteric fever from decomposing animal matter or simple fæcal discharges.

If the opinions I have just expressed are correct, it follows of necessity, that the

complete and efficient disinfection of the excreta, in every case of Enteric fever is a matter of grave importance.

Instances may be mentioned to show that hospital patients removed quite a distance from the fever wards have contracted Enteric fever, and one satisfactory explanation offered is that the specific germ found its entry into their wards through a leaking pipe, which was placed there to ventilate the house drain. In this particular instance what was intended for a blessing proved to be a curse. But if the excreta had been thoroughly disinfected before they were thrown into the soil pipe, even though the effluvia of a drain might penetrate into the wards, the specific germ of Enteric fever having lost its vitality would not be capable of generating the disease. This subject is of sufficient importance to demand the closest attention of all local and general sanitary organizations, for Enteric fever destroys more lives, that could be saved, than any other acute disease whatever. The remark is certainly true "that measures of prophylaxis will be efficient in proportion to the strength of our belief in the material nature of the typhoid poison, and in the possibility of destroying it or preventing its spread." The one efficient measure which fully meets this desideratum and includes all others is the proper treatment of the dejections. The dejections in every case should be promptly and thoroughly disinfected. The destruction of organisms in the stools and the arrest of their development may be accomplished by the action of powerful chemical agents. For this purpose solutions of carbolic acid in the proportion of one to twenty or one to forty, or sulphate of iron or chloride of zinc are to be employed. When practicable the contents of the bedpan should be emptied into trenches dug anew at short intervals and carefully filled up, care being taken that they are located at a distance from the sources of water supply; except in rural districts this is, of course, impossible and the dejections must be emptied into the water closets or privy vaults. The bedding and articles of clothing soiled with the excreta of the patient must be immediately removed and thrown into water containing carbolic acid or chloride of zinc and thoroughly boiled within the course of a few hours. Search should be made in all instances for the original cause of infection and measures taken to correct faulty arrangements which lead to the pollution of drinking water, or of the air.

Enteric fever is conspicuous among the acute diseases for the number and severity of its lesions. By far the most important of these is the ulceration of Peyer's patches in the intestine. This in fact is considered to be the characteristic lesion of the disease. Intestinal perforation occurs most frequently in the severest cases of the disease and particularly in those in which diarrhœa, tympany, and abdominal pains have been prominent symptoms. In many instances intestinal hæmorrhage has preceded the occurrence of perforation. On the other hand this accident may occur in mild cases, and in those in which the bowels have been constipated throughout. Perforation is most liable to occur during the third, fourth or fifth week of the disease, though it sometimes occurs, at a later period. The earlier perforations take place about the time of the separation of the sloughs from the ulcerated spots in the intestine, the later ones are probably due to the extension of ulcerations that show no disposition to heal.

Among the immediate causes of perforation may be mentioned hardened fæcal masses, vomiting, severe coughing, straining at stool, and sudden changes of posture.

I shall now lay before you the histories of three cases of Enteric fever, in which this accident occurred, were diagnosed during life, and the verification of the diagnoses made at the autopsies.

R. S., æt. 24, male, native of England,

an employé in one of the city hotels. Dec. 13, 1882, he entered the Hospital and was placed under my treatment. The case had been diagnosed as Enteric fever by another practitioner before the patient entered the Hospital. It was from the first a case of unusual severity. Diarrhœa, tympany, and abdominal tenderness, were marked symptoms. The temperature range was high. The lung was affected with pneumonia; delirium showed itself at night, but the patient was carefully watched and not allowed to leave his bed. During the first week of treatment, which was in reality the second week since the attack began, the evening rise of temperature reached 104° and even 105°; a few spots were visible on the abdomen. About the beginning of the third week the usual fall in temperature was noticed, and the case appeared to be progressing in a favourable manner.

Dec. 28.—At 2. a. m., this being the twenty-first day of the disease, the patient had a severe chill; he complained of excessive pain and tenderness in the abdomen; his mind became clearer than it had been, and he recognized the gravity of his situation. I saw him at 11 a.m., nine hours after the chill began; he had vomited, his face was of a bluish colour, he felt cold and shivered a good deal. The temperature was *normal*, viz., 98 2-5; his legs were drawn up toward his abdomen, tenderness in the right iliac region was excessive. I diagnosed intestinal perforation. The immediate cause did not appear to be quite clearly established. The nurse said that the patient had never been permitted to get out of bed; the coughing was severe and may have been the immediate cause.

Half an ounce of brandy every hour, ¼ grain of morphine hypodermically every four hours, were prescribed, and turpentine stupes were ordered to be applied over the abdomen. Some difficulty was experienced in continuing the treatment, as the patient, realizing his dangerous position, declined to take anything. Ultimately, however, by gentle persuasion, he was induced to take the stimulants and some beef tea. The temperature rose steadily during the ensuing four days, reaching 105° and 106°. He survived until 9 a.m., Dec. 31, four days and seven hours from the time the rigour began.

Post-mortem: On exterior examination of the body.—The body was warm; there was slight tympanitis; the abdominal walls were firm and unrelaxed.

On opening the abdominal cavity, a small quantity of serous fluid escaped. The abdominal walls and the coils of both large and small intestines were covered with lymph. The lymph was of recent formation, and from its appearance might have existed from four to six days. It was friable, thick, opaque, easily detached in many places from the coils of intestine. The coils of intestine thus adherent were carefully separated from each other in view of finding a perforation, as such a condition had been diagnosed, but none was found.

The bowels were not distended by gas; no fæces could be discovered, either in the bowels or in the abdominal cavity. The external surface of the whole intestinal tract was most carefully examined. It showed *marked arterial congestion of the ileum* and cæcum, also congestion of a less degree in the jejunum, but no perforation was discernable. The *intestines were then opened.* The ileum showed its mucous surface ulcerated in the position of Peyer's patches. In some cases the muscular coat of the bowel could be seen, in other places there was merely inflammatory swelling of the patch. In the lower part of the ileum these pathological changes were more marked; most of the Peyer's patches were completely eroded about four inches above the ileo-cæcal valve, where there could be seen a funnel-shaped point of ulceration, the apex of which looked white. On carefully examining this point, it was found to be a perfect perforation of the wall of the ileum, the apex of which was coated with lymph, layers of lymph

having been deposited upon the surface of the intestine to such an extent as to conceal the discovery of the perforation from the exterior.

The cæcum was congested in places, and in two places of the ascending colon there was inflammatory swelling. The balance of the intestine was normal.

The spleen was enlarged, venously congested, pulpy, friable, and the malpighian bodies bright scarlet.

The *kidneys* and liver were normal. The right lung showed at its base and lower part of right lobe, pneumonic consolidation; the upper part of right lung was venously congested, although buoyant and crepitant.

The left lung was normal. Heart also normal. Brain and spinal cord were not examined, owing to request of his friends.

CHARLES SHEARD, M.D.,
Pathologist.

M., æt. 16, male, Canadian, came from Belleville, Ont., and entered the Hospital Feb. 18, 1883. His temperature when I saw him on this day at 5 p.m., was 103 4-5°; his cheeks had a circumscribed flush, and he coughed violently. He stated that he had been ill for almost eight days. I found pneumonia in the right lung. In addition to the cough the principal symptoms were headache and slight abdominal tenderness. No rose-coloured eruption could be found, though the case had advanced into the second week; no diarrhœa was complained of; no tympanites was observed. I reserved my diagnosis, as I did not think the evidence conclusive in favour of enteric fever. I ordered a diaphoretic mixture, milk diet, and a small allowance of whiskey.

February 22.—The evening temperature reached 105°. This was the highest temperature taken during the course of the disease.

Feb. 26.—The temperature fluctuates from 103° in the morning to 104 2-5° in the evening; no spots, tympanites, or diarrhœa; mind tolerably clear, though the nurse says he is delirious at night. Treatment continued.

Feb. 28.—The patient has been under treatment for ten days, and the temperature still continuing high I discontinued my diaphoretic mixture and put him on my regular Enteric fever mixture, to which allusion will be made further on. About this time I noticed some dried blood on the inside of his thighs and also on his shirt. The nurse seemed surprised. This hæmorrhage may have occurred during the night, when she was not on duty, but she knew nothing of it until it was pointed out. The pneumonia still continues to give trouble.

March 2.—The temperature in the right axilla is one degree higher than in the left. I ordered turpentine stupes to be used occasionally, sometimes over the chest and sometimes over the abdomen. The regular fever mixture to be continued. Whiskey, six oz. per diem, milk four pints.

March 6.—At 11 a.m. had a severe chill; temperature taken by myself about twenty minutes after the chill began, 102 2-5°; later on in the day it fell to 100°. It is the nineteenth day of the disease. The abdomen is very tender, the face expressive of great pain and distress, the legs drawn up towards the body; no blood in the evacuations; mind clearer. I diagnosed intestinal perforation. Morphine hypodermically, turpentine in stupes, and frequent doses of stimulants were ordered and used, but unavailingly, as the patient died on March 7, at 11 a.m., just twenty-four hours after the seizure.

Post-mortem examination made on H. M———, twenty-four hours after death.—Body of a well nourished boy. The abdomen only was examined. On opening the peritoneal cavity found a small quantity of serous fluid, in which was more or less lymph. The fluid was somewhat opaque. The surface of the visceral peritoneum was injected in places.

The ascending colon was in a somewhat abnormal position; instead of ascending to

the under surface of the liver it passed obliquely across towards the umbilicus, then upwards, backwards, and outwards to its usual position below the liver.

On close inspection found that a portion of the ileum was adherent to the colon. The adhesion was broken up with slight force, and was found to occupy the position of a perforating ulcer.

As the process of ulceration was going on in the wall of the bowel, lymph was thrown out on to the peritoneal surface, which caused the adhesion to a neighouring portion of bowel.

The patch adherent was about the size of a twenty-five cent piece, and existed in the ileum about three or four inches from the ileo-cæcal valve.

The other organs of the abdomen were healthy. No sign of tubercle.

Eliza C., æt. 28, female, an immigrant, lately arrived from England, and having been only three weeks in the country, was admitted to the Hospital, May 15th, 1883. Her husband had died in the Hospital of Enteric fever the same day that she was admitted; her child had died of the same disease a few days previously, and two days later, *i. e.*, May 17, another immigrant, A. B., who had crossed the Atlantic in the same steamship as the Cliftons, viz., the *Sarmatian*, was admitted to the same ward, suffering from a very severe attack of Enteric fever. It was evident then that these people must have contracted either typhoid in England or on board ship, as they had not been long enough in Canada to have taken the specific germ of the disease in this country. The fact of the other patient, who did not come from the same part of England as the Cliftons, but who came across the ocean in the same vessel having contracted the disease precisely at the same time would make it appear probable that the specific germ may have been contracted on shipboard. How the infection was conveyed is uncertain. The fact that no cases of Enteric fever were reported on the vessel during the trip makes it appear probable that the germs of the disease were present in the air of the steamship, not having been removed by disinfection or ventilation since the existence of previous cases of the same disease. This is the more probable cause. The water used for drinking purposes may have contained the specific germ. E. C. presented symptoms of Enteric fever in a marked degree. She had a temperature of 104°, severe diarrhœa, abdominal tenderness, gurgling on pressure in iliac fossa, and a rose coloured rash on the abdomen. Bismuth gr. xx, pulv. opii. gr. ss. in powder were prescribed after each liquid stool. The usual fever mixture, Milk diet and 6 oz. whiskey were ordered.

May 17th.—The powders controlled the diarrhœa somewhat; but the temperature continued high.

May 19th.—The evening temperature was 105°.

May 20th—The temperature is somewhat lower; ranging from 103 4-5° to 103 1-5°.

On the night of the 22nd the temperature rose to 104 3-5° and fell again to 102½° morning and evening.

May 24.—The morning temperature fell to 100 4-5°; but rose again on the two succeeding nights to 104 1-5°, and 105 2-5° respectively, so that although the morning temperature was lower than it had yet been, the evening temperature was also higher. Diarrhœa is under control; about one or two motions per diem. It was evident, however, that there were no severe lung complications to deal with, as the pulse and respiration preserved their normal ratio.

May 26th to 29th.—The temperature sank steadily, reaching 99° on the morning of the 29th. This was the twentieth day of the disease, and as the patient was very delirious at night, frequently attempting to get out of bed, I left particular instructions with the nurse that she was to be

closely watched, tying her to the bed if necessary. Some such precautions were taken, but during the nurse's absence she got out of bed, and when the nurse returned to the ward she found that the patient was sleeping in another bed. After this she had a slight chill.

May 30th.—The morning temperature was 100°; but at 11 a. m. it went up to 104°. I found her in a state of collapse—shivering, pulse uncountable, abdomen extremely tender, thighs flexed on the abdodem, face bluish. The whole appearance of the patient was so characteristic that I had no hesitation in diagnosing intestinal perforation. The treatment already alluded to was prescribed, but unavailingly.

May 31st.—At 11 a. m., twenty-four hours after the seizure, the patient died.

Post-mortem notes by Dr. Sheard:—

Typhoidal Perforation.—On external examination body was fairly nourished. Abdomen not tympanitic.

Thoracic Viscera.—The pleura was free from adhesions except at upper part of both lungs. These adhesions were old.

The left lung was hypostatically congested to a marked degree, but was not consolidated in any portion.

The right lung.—The lower lobe of right lung presented a small patch of pneumonic consolidation about the size of a penny. The balance of the lower lobe was markedly congested hypostatically but otherwise unchanged. The upper and middle lobes were normal.

The heart was normal in appearance containing a small ante-mortem clot.

The abdominal cavity was opened with great care. There were no adhesions between the anterior abdominal wall and bowels.

In the peritoneal cavity there was but a slight quantity of serous fluid which was high coloured—(reddish yellow). Deposits of recently exuded lymph were present upon all the coils of the intestines. Some of the coils were slightly adherent. The intestines were not distended. The outer side of jejunum and ileum showed marked congestion and thickened patches could be felt along their course. On making gentle pressure along the ileum, gas and watery matter could be seen oozing from a small point like perforation in the ileum, seven inches above the ileo-cæcal valve. There were no other perforations. The intestine on being opened showed its mucous surface to be congested, highly hyperæmic, and thickened throughout. Where the perforation had occurred the gradually extending ulceration could be traced through the muscular coat of bowel. Near the seat of perforation were to be seen many places where the patches of Peyer had ulcerated away. Higher up in the ileum many of these patches were thickened, this thickening extended as high as jejunum and down to colon.

The mesenteric glands were greatly enlarged. Some of them were friable and could be broken down on pressure.

The spleen was enlarged, venously congested, friable, and showing the ordinary changes provoked by pyrexia. Liver, soft, yellowish in appearance, probably fatty. Kidneys, normal.

In the case of R. S. the immediate cause of the perforation was most probably violent coughing.

In the second case, H.M., the cause was probably of a similar character.

In the third case the immediate cause was most probably the movement of the patient in getting in and out of bed.

Sex.—Two of the patients were males—one a female.

Age.—The ages of the patients were 16, 24, and 28 years respectively.

Diarrhœa, tympany, and abdominal tenderness, were marked symptoms all through the disease in two of the cases, and but very slightly marked in the third.

The perforations occurred in one on the 25th day and two on the 21st day of the disease.

Treatment.—The diet was in all three cases confined to milk from three to four pints, a suitable supply of stimulant, and if diarrhœa was not present from four to six ounces of beef tea. The bed pan was always used, the patient not being allowed to rise. Cooling applications were applied to the scalp, when delirium threatened, and sponging of the patient's body was practiced twice a day or oftener according to the temperature. Subnitrate of bismuth with or without opium was used to control diarrhœa. Turpentine was used locally, and sometimes internally to relieve abdominal pains, and to prevent or overcome capillary engorgement.

The following mixture was also prescribed:

Potass chlorate.....	℥ ss.
Acid Mur. fort.....	♏ vii.
Aquae destill	ℨ iij.
Shake and add—	
Glycerine.....	ℨ v.

N. B.—To be kept in a dark place.

Sig. ℥ ss. every two or three hours. The glycerine is I think indicated in Enteric fever because it is nutrient, bland, antiseptic, alterative, contains no nitrogen and preserves its fluidity throughout the process of digestion.

Chlorine and chlorate of potash are used for their known action in exciting secretion, keeping the tongue and mouth moist and free from sordes, thereby relieving thirst, promoting the patient's comfort and facilitating the act of swallowing, also for the well known disinfecting properties of chlorine and its destructive influence on the lower forms of vegetable and animal life.

Under this plan of treatment my cases have rarely assumed a severe type.

The tongue and mouth remain moist and free from sordes, the pyrexia is moderate, the diarrhœa is seldom excessive, hæmorrhage from the bowels is rare In severe cases, where there is a manifest tendency to intestinal perforation should anything further be done? My reply is that I fear we cannot cope any more successfully with this dreadful lesion by adopting the opium treatment and inviting all the evils which may arise from hardened fæcal masses, over-distension of the gut with gas or fæces, and perhaps vomiting.

Still if compelled under similarly unpleasant circumstances to choose between conflicting evils, I would give my patient the benefit of the doubt, and by the frequent exhibition of small doses of opium would place his bowels in therapeutic splints (so to speak) until such time as the recuperative powers of his organism being brought into play, I had reason to think that the natural peristaltic movements could be safely indulged in.

REMARKABLE CASE OF OBSTETRICS —ABORTION AT TWO MONTHS, AND QUADRUPLETS AT FULL TERM.

REPORTED BY DRS. EDWARDS AND M'TAGGART, OF LONDON, ONT.

On the 21st of July, 1883, we were called to see Mrs. S. of this city, patient of small stature, English by birth, age 38, average weight 100 lbs., height 5 feet 1 inch. She is the mother of four living children, two boys and two girls, aged twelve, ten, eight, and seven years. There was nothing unusual at any of her previous confinements. Never had a miscarriage before. On abdominal examination we found the abdomen extremely enlarged and pendulous. We advised support from the shoulders. She told us that she was but five months *enciente*, but from her history and condition we assured her that she was seven months pregnant. Patient always enjoyed good health; her menses regular; she last menstruated December 4th, 1882. About seven weeks from this time she commenced to flow, which lasted for some three weeks, accompanied by pain. With a pain resembling that of labour, something was expelled, which she described as a "lump of flesh with blood vessels in it." To this "lump" was attached a short "string."

At this she became alarmed, and consulted a medical man, who assured her that she had had a miscarriage. He prescribed some medicine, which he said would check the flow, and also cause the expulsion of anything that might remain.

From her account, the flow increased for a few days, then finally stopped. From this time until Friday, Sept. 14th, 1883, she has been comparatively speaking quite well, although distressed by the immense size and weight of the abdomen.

On the evening of the above-mentioned date (Friday, Sept. 14th) she was delivered of four living children, two boys and two girls; the time elapsing between the birth of the first and that of the last child being one hour and forty-five minutes. The weight of the male children exceeded that of the females by a few ounces. The weight of the male babies being 4 lbs. 9¼ oz., and 4 lbs. 3 oz., and that of the females, 4 lbs. 6 oz., and 3 lbs. 13¾ oz. Labour terminated favourably, there being no hæmorrhage to speak of. There was but one placenta, the cords being attached at different parts of it. The quartette are now six days old, all healthy, and able to nurse, and all bid fair to live. The mother is doing exceedingly well, having suffered no more exhaustion than if she had had but one child. We might here say that the father, Mr. C. S., English by birth, age 41, height 5 feet 5 inches, and average weight 169 lbs., is a strong, healthy, and robust man.

Selections: Medicine.

How can Medical Men Best Promote Sanitary Progress?—Undoubtedly the first important step, before success can be hoped from restrictive legislation, is the education of the masses in the essential facts of sanitary science. Ignorance of the danger of the violation of the laws of health induces antagonism where a comprehension of the evil sought to be combatted would have met with acquiescence. Compulsory vaccination is resisted because it is compulsory; the Contagious Diseases Acts are antagonized only on quasi-sentimental grounds; the social evil experiment of St. Louis was assailed because the community did not comprehend the magnitude of the harm done by the diseases it disseminates when uncontrolled. People fear draughts, but are not afraid of foul air, and so close windows and ventilators to escape the former. When they are made to understand that foul air and moisture are the enemies of mankind, they will shun the unventilated church and theatre; when they are taught that diphtheria and scarlet fever and typhoid are preventable diseases, they will welcome the ordinances which punish the dishonest plumber and the careless householder and establish restrictive quarantines; when they realize that venereal disease may and does enter the purest homes by a thousand unsuspected channels, they will join hands with the legislator, who would make its communication a social infamy and a punishable offence against the law; when they learn that the average of human life has been prolonged one-seventh in the course of a single generation by improved hygiene, they will give heed to the advice that will keep them well, rather than depend upon that which is to restore the health that has been needlessly wasted. Impracticable sanitarians, who find a sting in every sweet that human tastes crave and enjoy, encourage the resolve to brave the risk for the sake of the pleasure. The restriction of the dietary to a few plain, unpalatable simples, the uncompromising warfare against tobacco and alcohol in every shape, the unqualified denunciation of every form of relaxation and amusement, even to the latest novelty of bicycle riding, are instances of sanitary reform retarded by injudicious radicalism. Medical men can best promote sanitary progress by aiding in the dissemination of information as to the actual prevalence of disease, the established facts of etiology and prophylaxis, and the inevitable consequences of their disregard, and this can best be accomplished through sanitary associations and publications, especially in the secular press, which has come in this country to be for the citizen what the school is for the child, with the advantage for the adult that the lessons are taught in a more rational, agreeable, and effective manner.—*A. L. Gihon, M.A., M.D., in Am. Med. Ass. Jnl.*

Faradization of the Abdomen in Ascites. —In the Russian literature of the past three years, several cases have been recorded, in which ascites was successfully treated by faradization of the abdomen. Skibnewski has recently reported two additional cases; the first, a little girl, æt. 9, very anæmic and with marked ascites. The urine was small, with no albumen, lungs sound, heart-beat normal, with a feeble systolic souffle. For ten days the patient took digitalis and iron without any diuretic effect, and during these ten days the circumference of the abdomen sensibly increased. The digitalis was then discontinued, the iron being kept up, and Skibnewski commenced faradization of the abdominal muscles two or three times a day. Each *séance* lasted fifteen or twenty minutes. The currents were sufficiently strong to produce muscular contraction. During the same *séance* each muscle was made to contract fifteen or twenty times. After twelve days the circumference of the abdomen was reduced from thirty-six and four-fifth inches to thirty; the quantity of urine was considerably increased. After three weeks the circumference of the abdomen was only twenty-four inches, and the quantity of urine normal. A month and a half after leaving the hospital, the patient had a return of the ascites. As before, medication had practically no effect, and faradization was resorted to, with the former effect.

The second case was that of a young man, æt. 17. Ascites and augmentation of the spleen commenced after an infectious disease. The urine was small, and contained no albumen. Faradization was performed twice a day for fifteen days, and then thrice a day until, within four weeks, a cure was effected, both of the ascites and splenic enlargement.—*Revue des Sc. Méd.*, July, 1883. *Med. News.*

Health Aphorisms.—Dr. Frank H. Hamilton has formulated the following solid chunks of wisdom:

The lives of most men are in their own hands, and as a rule the just verdict after death would be *felo de se*.

Light gives a bronzed or tan colour to the skin; but where it uproots the lily it plants the rose.

Mould and decaying vegetables in a cellar weave shrouds for the upper chambers.

A change of air is less valuable than a change of scene. The air is changed every time the direction of the wind is changed.

Calisthenics may be very genteel, and romping very ungenteel, but one is the shadow, the other the substance of healthful exercise.

Blessed be he who invented sleep; but thrice blessed the man who will invent a cure for thinking.

Milk drawn from a woman who sits indoors and drinks whisky and beer is certainly as unwholesome as milk from a distillery-fed cow.

Dirt, debauchery, disease and death are successive links in the same chain.—*Medical Age.*

Dr. Harvey L. Byrd, writing in the *Phil. Med. Times*, deprecates the casting aside old medicines for the sake of taking up the newer inventions and discoveries. He puts in a strong plea for *tartar emetic* which "in doses of one-eightieth to one-tenth of a grain, alone or in conjunction with opium or one of its salts or preparations. I expect good results from it when given as an antiphlogistic or antipyretic, expectorant, diaphoretic, diuretic or as an alterative. I never prescribe it as an emetic unless no other article of that class is convenient, and am not prepared to speak of its *tolerance*, as mentioned by Rasori many years ago, in acute diseases, from personal experience. Thus I find it a valuable agent in most forms of fever in bronchitis, in pneumonia, in croup and laryngitis, in torpid conditions of the liver, in certain chronic cutaneous diseases, and in sick headache, etc. It is as valuable in lessening the force and frequency of the circulation as veratrum or aconite, and being tasteless in the proper dose is almost absolutely free from disagreeable or unpleasant effects and thus is generally preferable to either of them."

General Precautions to be Taken in the Employment of Hydrotherapy. — Apply cold only to individuals whose condition approximates the physiological. In the weak, the aged, and the debilitated, it is indispensable to prelude the bath by moderate, though not violent exercise. This last rendering the individual more accessible to the refrigerant action of cold and delaying the reaction. The most favourable time for the bath is in the morning on rising. During digestion the application

of water, whether cold or hot, is not devoid of danger. Prolonged baths are the best to obtain a sedative effect. Repeated baths, every two hours, interrupted before the second chill, give the best sedative effects. Watch for the reaction, and aid it by massage; but do not make use of forced exercise before the employment of cold water. When bathing the debilitated always have at hand means to combat the collapse, or other effect of nervous inhibition. Frictions with snow, although acting promptly and vigorously on the calorific centres, are dangerous.—*Journal de Méd. de Paris.*

How Shall we Blister? I always use the cantharidal collodion. I shall paint a blister in this instance three by four inches, putting on three or four layers, and then at once put over this a poultice. This is an almost painless way of raising a blister. I have never seen it produce strangury.—*Goodell in Phil. Med. Times.*

Surgery.

SURGERY OF THE PERITONEUM.

A CLINIC DELIVERED AT LA SALPÊTRIÈRE, BY M. TERRILLON.

A very exact knowledge of the inflammatory reactions of the peritoneum in all operations implicating the abdomen is indispensable to the surgeon. Thanks to it he will be sheltered from the terrible accidents which have, until lately, hindered the development of abdominal surgery, and he will learn a useful lesson from the very curious characteristics of the peritoneum.

You all know that the peritoneum has special characteristics, which are, irritability, absorption, inflammation, and finally the facility with which its alterations are reflected upon subjacent organs.

The peritoneum is not sensitive to the touch nor to prickings but the contact of a foreign body provokes the phenomena of irritability which are explained by the presence of nervous corpuscles situated under the epithelium, corpuscles which have been studied, especially in Germany by Auerbach, and in France by Jullien, of Lyons. This exquisite susceptibility explains the shock which follows the great operations of abdominal surgery, that is to say, the sinking, the collapse, the tendency to cooling, and the general depression which results from such a nervous disturbance. Regnier and Richet injected boiling water and perchloride of iron into the peritoneum of a rabbit—death took place in twenty-four hours—without the slightest trace of inflammation at the autopsy. The cause of death was nervous shock, for if the nerves were first benumbed by morphine or chloral, the shock was much less, and death was slower. Clinically it is a well established fact that subjects whose peritoneum during an operation is in contact with the air and foreign bodies present a most marked tendency to general cooling. Again it is to this irritability of the peritoneum that is attributed the tetanus which sometimes appears from the 8th to the 15th day after the opening of the abdominal cavity. M. Gubler in particular upheld this opinion.

It has been known for a long time that liquids introduced into the peritoneal cavity may be absorbed with the greatest rapidity. In certain cases this absorption is, so to speak, providential for it frees the peritoneum from liquids which in some way play the part of foreign bodies; but on the other hand if the liquid absorbed is septic grave phenomena of poisoning follow. It is not difficult to explain anatomically the absorption which is produced at the surface of the serous cavity. Bichât already guessed that the peritoneum was in communication with the lymphatic system. Recklinghausen and Ranvier discovered absorbent mouths, stomata, at the level of the phrenic centre; these are microscopical openings limited by a crown of epithelial cells, and communicating with the lymphatic radicles. Thus when a solution of carmine is injected into the peritoneum it is found again in the lymphatics. It is even probable that this absorption takes place from the entire surface of the peritoneum and not exclusively from the stomata. In any case its place of election appears to be the phrenic centre and the folds of Douglas.

You will understand, gentlemen, that air may be, just like liquids, absorbed by the peritoneal serous membrane and in fact it is usual that after operations air remains in the abdominal cavity; this air is absorbed without inconvenience. When blood remains in the peritoneum a clot is formed, the liquid portion is absorbed, but the fibrin remains and is absorbed in its turn only after having undergone various transformations. Experiments made in this sense have thrown light upon facts which

I am about to advance to you. It is thus that one may by a peritoneal transfusion of defibrinated blood raise the strength of a patient. Bizzozero and Golgi practised this transfusion on animals, and Perfick tried it three times in man. Absorption in these cases takes place without great pain, and without marked fever. Albuminous liquids are very readily absorbed by the peritoneum and the best clinical proof of this fact is that cysts of the ovary bursting into the peritoneum most often occasion no serious accident. This spontaneous rupture of the cystic pouch is a mode of cure of parovarian cysts. Experiments by M. M. Dubar and Remy show that albuminous liquids injected into the peritoneum of the rabbit are completely absorbed in about thirty-six hours.

Thus the peritoneum rapidly absorbs liquids injected or spontaneously poured into its cavity and as I have just told you, when these liquids are inoffensive absorption gives rise to no accident; but it is quite otherwise when these liquids are irritant or septic. In the first case the serous membrane is inflamed—in the second, to the inflammation is added septicæmia. Amongst irritant liquids I will name fæcal matter, urine, bile, the contents of cysts, which by divers mechanisms may penetrate into the peritoneum. Pus and putrified blood belong to the category of septic liquids and their presence in the peritoneum may cause death in a few hours.

In review, you see that alone, irritant or septic substances are to be dreaded in the peritoneum; so the capital point in an abdominal operation will be to prevent the penetration of these harmful liquids or of those which may become such.

To prevent the introduction of liquids, you have at your disposition Hæmostatic forceps, and sponges, flannel or simple napkins, all these substances have been employed. If in spite of all your precautions these liquids have penetrated, which is so to speak inevitable in a great number of cases, you must carefully make the toilette of the peritoneum. Lastly, you will rigorously employ all antiseptic precautions to avoid the ulterior putrefaction of the liquids which you will not be able to take away in spite of all your care. Here is a point which you should never forget: It is that you have to preoccupy yourself rather with the qualities of this liquid, than with its quantity, which may have no importance if the liquid is exempt from all cause of fermentation. This is not all yet: The operation finished, there may be produced, and in fact there is produced by various sources, and in a secondary manner, a certain quantity of liquid susceptible of putrefaction. To obviate this, you can establish drainage. This question of drainage of the abdominal cavity, after the ablation of a tumour, has greatly occupied the minds of surgeons, and has given rise to the most diverse opinions. It has especially presented itself consequent upon difficult or painful operations which have occasioned the fall of a hurtful liquid into the peritoneum, or which have left after them a bleeding surface capable of pouring out a certain quantity of liquid which may undergo putrefaction.

In these conditions many surgeons have counselled these drainages to be made either by the abdominal wall alone, the drainage tube simply plunging into the peritoneal cavity, or by the abdominal wound, and by the vaginal cul-de-sac, that is to say, a complete drainage. Some operators have even proposed, on Bardentleur's example, to practice drainage always as a prophylactic for some hours, or some days, in order to give exit to liquids left in the peritoneum, or to those which are formed a little after the operation.

This drainage is often useful, sometimes indispensable; but it presents a great danger, which consists in allowing foreign substances to penetrate by this open canal into the peritoneum, and thus to frustrate the desires of the surgeon. Vaginal drainage is especially liable to this reproach. Let us add that it is often difficult to place these drainage tubes free from contact with the air in spite of the dressings disposed over their orifice. To practice drainage one may make use of tubes of caoutchouc (Chassaignac's tubes) or of glass (Koeberlé's). Finally to render the entrance of air more difficult, and to permit at the same time the exit of the liquid, Hegar and Kehrer have employed the one glass, the other rubber tubes, which they fill with disinfected absorbent wadding which is changed each time it is full of liquid, or until it has by capillarity soaked the inner dressings with liquid.

Finally where drainage was impracticable, Koeberlé in an ovariotomy case, where

septic phenomena supervened re-opened the abdomen and withdrew 230 grammes of putrid liquid which he had recognized by the vaginal touch, carefully made the toilette of the peritoneum and his patient thus escaped a death which appeared inevitable.

Another surgeon (Netter) advised that when septicity was suspected, that the peritoneum should be freely opened and washed with warm water.

I believe by these examples that you have been made aware of the interest which surgeons have taken *àpropos* of these liquids, primary and secondary, and of their dangers to the peritoneum, and the general condition of the patient. Let us now see if there are any means by which their production may be avoided.

Wagner, in a recent work has demonstrated that as a rule we do not sufficiently take into account in the operation in which the abdominal cavity is opened, the intra-abdominal pressure. This pressure which normally is equivalent to some millimetres of mercury, diminishes sensibly during and after the operation. The importance of this pressure is however considerable, for on the one hand it prevents liquids from being effused too easily into the peritoneal cavity, and on the other hand facilitates the resorption of those which might be poured out from the serous membrane. You will see then how useful it is to establish an energetic compression after the operation by means of a thick layer of wadding, and by a well applied cincture of the body. This energetic constriction of the body is always recommended after abdominal operations, principally when one has taken away a voluminous tumour, such as a cyst of the ovary. You will also find, in this practice, a means of preventing the transudation of liquids which takes place from the surface of intra-peritoneal wounds, liquids which may undergo the phenomena of putridity, if, in spite of your care, they become mingled with hurtful substances. To attain the same end, that is to say, to prevent the production or the secondary exhalation of putrescible liquids, you ought in some circumstances to cauterise the wounds or even the pedicles of the tumours which you have taken away either with the hot iron or with the perchloride. The fire substitutes a dry surface for a moist one, and thus prevents the exhalation that you should dread so much.—*Le Prog. Méd.*

Treatment of Nævi.—W. Martin Coates, F.R.C.S., Eng., has found (*Brit. Med. Jnl.*) the plan of treatment elaborated by the late Mashall Hall, to be safe, painless, and certain, and without scars following. The method is suitable for superficial venous nævi, and consists in causing occlusion of the vessels by deposition of lymph. A cataract needle is introduced about a line from the circumference of the nævus, and passed to the extreme edge of the tumour, it is then withdrawn almost to its point of entrance, and again thrust through the tumour at about a sixteenth of an inch from the previous track. The incisions take a fan-like shape; the needle is to be kept as close to the surface as possible. In a few months a white spot is all that remains of the nævus, there being no cicatrix or depression. The bright scarlet or arterial nævus requires more pronounced treatment; for this purpose a large needle with a blunt flat end was made and pushed through the nævus, tearing through the vessels. The flat end of the needle being kept at right angles to the skin, ecchymosis results, then white spots form in the centre of the nævus, and gradually coalesce, leaving a white mark, but no scar or depression. When the nævus projects more than one sixteenth of an inch, he finds this process does not work. He then injects undiluted tincture of iodine. The needle of a hypodermic syringe containing a sufficient quantity of tincture of iodine is introduced at about a line from the circumference of the tumour, and the point made to reach its centre. The piston is then slowly sent home, the iodine being forced into every part of the growth, which gradually hardens and shrivels away.

A Case of Chronic Leg Ulcer Cured by an Attack of Phlegmonous Erysipelas.—B. F. Nicholls, M.D., in the *Phila. Med. Times*, records a case of a woman 72 years of age who had had an ulcer of the leg for 15 years, during which time though it never healed had never been troublesome. On the first of February she was laid up with an attack of erysipelas which assumed a phlegmonous character, numerous abscesses forming and discharging quantities of fœtid pus. The erysipelas was treated by iron, quinine, and nourishing diet with some stimulants. As the abscesses began to heal carbolic zinc ointment was freely

applied. On the 1st May the ulcer had become flat at its edges, in a fortnight it had decreased to the size of a three-cent piece, and gradually healed, so that by July 30th the woman was entirely well, no stiffness, no ulceration, and was able to walk without assistance.

R. Marcus Gunn, M.B., F.R.C.S., in the *Brit. Med. Jul.* gives his experience of sickness after anæsthesia at Moorfields Ophthalmic Hospital from 1876 to 1880. He is inclined to consider *age* as the most important factor in the production of after-sickness. He finds the liability to sickness at its maximum about the commencement of puberty, and it gradually diminishes toward both extremes of life. Ether gave the largest percentage of sickness, and chloroform the least; but chloroform was given at the extremes of life. Ether sickness seldom lasts long after the stomach is emptied. Chloroform sickness often continues for several hours and leads to great exhaustion. Food should be given about four hours before operation; too long a fast is disadvantageous.

Etiology of Elephantiasis Arabum.—Max Bockhart gives the history of a woman who came to the Hospital at Wurzburg, suffering from a severe attack of erysipelas, with which the patient was seized on 25th August, 1882. By 4th September she was nearly recovered from her trouble. In October of the same year she returned complaining of a swelling in the leg previously affected. In January, 1883, the diagnosis of elephantiasis became certain. The microscope shewed the lymph channels to be blocked up; the appearance was that of adenitis. In this case there is no doubt of the fact that the attack of erysipelas caused the elephantiasis.—*Monat F. P. Dermatol.*

Local Anæsthesia from Carbolic Acid.—Dr. E. F. Cordell, in the *Maryland Med. Jnl.*, advocates the use of a solution of carbolic acid for local anæsthetic effects in minor surgical operations. He freely bathes the parts to be incised or punctured with the following solution: Crystallized carbolic acid gr. xxiv.; distilled water, ℥j. He details two cases in which abscesses were opened in extremely sensitive subjects without the occurrence of the usual signs of pain.

Entrance of Air into Veins during Surgical Operations.—Mr. Fred. Treves, in the *Brit. Med. Jnl.* in an interesting paper gives a short account of this untoward accident and details a plan of treatment adopted by him and successfully carried out in two cases. The accident is greatly to be dreaded. It occurs most frequently if not altogether in the veins of the neck and axilla, and is caused by the aspiratory movements of the thorax, acting upon a vein partially divided. For the accident to occur it is necessary for the mouth of the vein to be held open either by being partially divided or from inflammatory adhesions, or from being included in the substance of a tumour, or from peculiar relations to normal structures as in the axillary vein to the costo-coracoid membrane or in the relations of the jugular veins to the cervical fascia. The entrance of air is accompanied by a hissing noise and sudden terror, severe dyspnœa, failure and irregularity of the pulse and collapse. About two-thirds of the cases die in a few hours or days. Some cases, however, recover. The fatal result appears to be due to the rapidity of the entrance of the air rather than to its amount. Death is caused by arrest of the pulmonary circulation, the mixture of blood and air preventing the functioning of the tricuspid and pulmonary valves. Mr. Treves founds his treatment upon the observation of the fact that the accident occurs in what may be termed dry wounds. He has an attendant ready with a sponge full of water, which is squeezed into the wound immediately upon hearing the hissing noise. Then during the next expiratory effort forcible pressure is brought to bear upon the thorax, expressing the air as much as possible. When all the air has been forced out, the wounded vein is to be seized and either entirely divided or ligatured, always during the movements of expiration. He gives two cases in which he thus treated successfully this serious complication. The first was a child in whom tracheotomy was performed; immediately after the wound was sponged out, a hissing noise was heard and the child became collapsed and to all appearance dead. The wound was at once filled with water, and forcible pressure made upon the thorax during the expiratory movements. The vein and structures were then seized with forceps and divided completely. The child recovered. The second case was in a man

aged fifty. The common carotid was about to be ligatured. The neck was short, thick and fat. Before the ligature was applied a hissing noise was heard, the wound was at once filled with water; the thorax during the next expiratory movement was forcibly compressed. The vein was then seized and clamped. No further trouble ensued. The patient in each case was anæsthetised.

HOT WATER A RESTORATIVE IN CHLOROFORM NARCOSIS—A. Holmes, M.D., in the *N. C. Med. Jnl.*, calls attention to the value of hot water applications in overdosing with chloroform. He dips folded cloths or towels in water as hot as can be borne and applies them to the head until reaction is established. He ascribes the good effects to the shock and warmth, causing a rapid return of blood to the brain.

Midwifery.

AN INFANT FIFTY-SIX YEARS OF AGE.—M. Sappey communicated to the Academy of Sciences the following fact: When an infant has arrived at its term of development, if any obstacle prevents its expulsion it perishes and becomes a source of great danger to the mother who usually dies. In certain exceptional cases the fœtus acts as a foreign body to which the surrounding tissues become accustomed and a new pregnancy may supervene and follow its normal course. The case of Toulouse, where the child remained in utero, for 26 years; of Sens for 28 years; of Pont-à-Mousson for 30 years, for 31 years in that of Joigny; for 47 years in that of Leinzel, in Swabia. To explain these cases two theories have been proposed. The older is that of petrifaction—the infants becoming calcified—observed facts do not support this theory. The second theory is that of progressive dessication—but the fact I am about to relate sets aside this theory.

The mother became pregnant at the age of 28 years, proceeding until 84 years of age and having been perfectly well all this time she was admitted into the Alms house of Quimperlé and died three weeks after her admission. M. Beaugendre under whose care she had been, performed the post-mortem. On incising the abdominal wall a tumour was found in the right fallopian tube. The tumour was constituted of a cyst with extremely hard walls, its surface unequal and bosselated. The cyst was taken away and its walls divided into two equal parts with a saw. In this envelope, by all its attributes belonging to the mineral kingdom, there was a child, and this child during its long captivity had undergone no alteration. The child was in the ordinary position, the limbs flexed upon the trunk and the head upon the thorax. The pupillary membranes completely developed, attested that it was six or seven months of age. The skin, the superficial organs, the viscera situated in the great cavities, all the muscles and soft parts had retained their consistence, their suppleness and their normal colour. The fœtus appeared as if it had just gone to sleep. M. Sappey considers that the fœtus owes its preservation in the cyst to its being protected from the ingress of atmospheric germs, like the bottles of blood and urine presented to the Academy by M. Pasteur, which had continued to keep sweet by the prevention of the admission of atmospheric germs.—*Gaz. des Hôpitaux.*

M. LE FORT'S OPERATION FOR PROLAPSUS UTERI.—M. LeFort starts from the principle, that before the uterus itself passes the *vulva* there is for some time previous a cystocele, which is produced by a prolapse of the anterior vaginal wall, which falls backwards and glides upon the posterior wall, bringing with it first the basfond of the bladder, then its posterior surface, and with it, the uterus, which is attached to this portion of the bladder. The vagina is prolapsed like the inverted finger of a glove. The posterior wall would remain last in place at its inferior extremity. To place an absolute barrier to the inversion of the vagina M. LeFort says that it suffices to fix these two walls to one another, so as to prevent the gliding movement. By establishing between these walls, in the median line, a series of adhesions, which would partition the vagina from above downwards, the anterior wall would be retained in place, and all movement of descent prevented. In a case of this nature, on which he operated lately, the uterus being completely without the vagina, both walls were vivified in the median line. The vivification measuring on each wall a length of five or six centimetres. Care was taken not to cut the tissues too deeply, for fear of wounding in the anterior wall, the bladder, and in the posterior, the rectum. Once that we have longi-

tudinal bleeding surfaces on both walls it only remains to put these in contact and cause them to adhere. M. LeFort reduces the uterus just sufficiently to allow him to bring in contact the upper extremities of the raw surfaces, which he fixes by sutures. Then a little further reduction to allow of another suture below the first, and so on until the tumour is entirely reduced and the whole vagina closed from above downwards by a longitudinal and median partition formed by the application of the points of suture.

The results of the operation were most satisfactory. The patient was as comfortable as possible, and at a slight expense had obtained the cure of an infirmity as painful as it is disgusting. For although many points of suture may give way it appears probable that the adhesions produced will be sufficient to prevent a renewal of the prolapse.

This method, which has had several complete and durable successes in the short time since it was put in practice, possesses the advantage of placing no obstacle to copulation. According to what has been observed in cases of congenital partitions of the uterus, when we have a bifid vagina, with a median and longitudinal partition, it may be supposed that parturition will in no way be hindered. The vagina gives way at its sides to such an extent that its dilatation in this sense is, so to speak, indefinite, and each of its lateral halves would suffice for the passage of a child's head, otherwise all that would be feared would be a tearing without grave inconvenience, except that it would necessitate a new operation of the same kind, if the adhesions were destroyed in their entire length.—*Gaz. des Hôp.*

M. Loviot considers that the diagnosis of pregnancy can be made with certitude even in the first three months before the fœtal signs are present. He relies upon physical maternal signs revealed by palpation and the touch combined. By this means a tumour is recognized as being formed by the uterus modified by pregnancy. The superior segment of the uterus felt above the symphysis is a rounded depressible elastic tumour. The inferior segment is lowered flattened and enlarged and forms around the base of the cervix which is a protuberance, a characteristic ring. The consistence of the gravid uterus is soft, supple and elastic, gives to the finger on pressure the sensation of a rubber bulb, this sensation should be felt on all accessible portions of the uterus. M. Loviot avers that neither congestion, metritis, fibromata, even softened, give the same sensation. The presence of a fibroma along with pregnancy is no absolute bar to the diagnosis for the notions of consistence will be sufficiently preponderant to fix the diagnosis surely.—*Jour. de Méd.*

THE

Canadian Practitioner,

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, OCTOBER, 1883.

MEETING OF THE CANADA MEDICAL ASSOCIATION.

The recent meeting of this Association at Kingston was in many respects a successful one. The supply of papers was amply sufficient and fairly up to the mark as a whole, while the discussions which followed the reading of papers were in some cases very interesting and instructive.

The reception of the members by the Medical Profession was a most cordial and generous one. Through the kind and hospitable attentions of the Kingston physicians, the visiting doctors, one and all, enjoyed exceedingly their stay in this fine old town. As far as the social aspect is concerned the meeting was therefore a most excellent one.

There were about eighty present, a very small number indeed for a Dominion Society, even when we make proper allowances for all the drawbacks necessarily arising from the *magnificent* distances between the different portions of Canada. Toronto, Hamilton, London, and Montreal appear to be the only cities in the country which can

muster more than a hundred members at any meeting. Such being the case it becomes a question whether or not it would be advisable to confine the meetings to these four places. Whatever the intrinsic merits of such a question may be, it is not at present likely that such a rule will be established. The majority of the members appear to be anxious to keep the Association as far as possible Canadian in the broadest sense of the term, and to retain this character it is necessary to recognize all portions of the Dominion. A cordial invitation from Winnipeg was extended to the Association to hold its next meeting in that city, and although Montreal was chosen for 1884, it is considered quite probable that in 1885 we may enjoy the hospitality of the Winnipegers.

A separate sanitary association was formed with Dr. Sweetland, of Ottawa, President. So much attention is now being paid to sanitary matters that such an organization had become almost a necessity, as there was not sufficient time at the general meetings for the proper discussion of many important questions continually arising in connection with this subject.

The military Surgeons also held a separate meeting at which certain resolutions introduced by Dr. Thorburn, of Toronto, were passed. These resolutions will be found in our account of the proceedings, and we fancy all the military surgeons in the country will heartily endorse the action of those present at Kingston, who resolved to ask for more consideration on the part of the government towards the surgeons connected with the militia.

One member in discussing the subject of medical ethics certainly displayed a vast amount of ignorance and presumption. He should have been expelled from membership at once, but the good-natured indifference shown by the Association was perhaps better, as it is always a pity to place such a man in a position where he may possibly pose as a martyr.

The general management of the meeting was excellent and reflected great credit on those two able and efficient officers, the President and General Secretary.

ISOLATION HOSPITAL.

Visitors to the Toronto Exhibition cannot fail to have profited by the inspection of the sanitary display exhibited there by the Provincial Board of Health. Apart from the apparatus the building which contained them merits close attention and will repay minute investigation. It is a modification of the Isolation Hospital, viewed by the International Sanitary Congress held at Geneva in 1882. The following is a brief description of it for the benefit of those of our readers who had not the pleasure of visiting the Exhibition:

The building is intended to show to Municipal Health Authorities a model on a small scale of a Hospital for infectious and other diseases. The one shown is not adapted, as it at present stands, for winter weather; but could be modified so as to be serviceable in winter as well as in summer. Its length is 20 ft., width, 16 ft., height of the walls, 11 ft., and from floor to ridge, 16 ft. It is portable, the several parts being bolted together, the roof and floor dividing lengthwise in the centre. The floor is made of hard wood (maple) tongued and grooved, and is oiled. It is raised about 2 ft. 6 inches above the ground, the frame-work being supported on posts. The walls consist of sail cloth stretched on frames or panels, three on each side. These panels revolve on horizontal pivots placed a little above their centres; they are opened and closed by cords. When fully opened, the patients are to all intents and purposes in the open air, nothing existing to remind them of the building but the roof over them, a little surbase rising a few inches from the floor, and two upright scantlings on each side. Near the roof in the ends is lattice work provided with shutters, and in the roof are Venetian

louvres, capable of being closed up when necessary. The advantages offered by such a building are thus described by Prof. Jullard in speaking of the one at Geneva, "1st. They supply a very superior aeration to that which the most perfected system of ventilation can yield. The Hospital smell which prevails more or less in every (other) Hospital is never perceived * * * 2nd. The abode in these tents is very agreeable, and the patients are more cheerful and happy than in the wards of the Hospital. 3rd. They afford an opportunity of completely emptying the wards of the Hospital for nearly half the year, and we have thus in Geneva a summer and a winter Hospital. This periodical emptying of the (surgical) wards which thus are unoccupied each year between five and six months, and can during that time be thoroughly aired, disinfected, and repaired, is a consideration to which I attach the utmost importance as one of the most powerful means of completely purifying and rendering a hospital more healthy. Thanks to this system, we were enabled to free ourselves from the Hospital gangrene in 1871. Since that period we have not been troubled with any epidemic. The only objection that can be urged to these tents or huts is that the patients are exposed to cold and variations of temperature; but experience has taught us that this fancied objection was not a real one, as I have never noticed any bad results." In regard to this last objection we have already stated that by some one of several feasible modifications a double wall of canvas can be secured as in the winter tents used in the North-West, the second wall being removable in summer.

At the Geneva Congress, Dr. Drouineau, described the Hospital tent employed by him. The panels of his tent could be raised leaving nothing but the floor and roof and the skeleton supports. In winter the double walls could be replaced, and methods adopted of heating by stoves or otherwise. Similar hospital tents are in use in Vienna by Prof. Billroth.

Such is the Hospital as exhibited by the Provincial Board of Health. It is worthy of trial by municipal health authorities, and others. It is not expensive, the cost of the tent upon the Exhibition Grounds being $300.00. It might advantageously be experimented with in Toronto. There is ample room in the grounds of the Hospital in front of the Burnside for the erection of one or more, which would serve for the reception of the lying-in patients during the somewhat numerous closures of that institution, thus affording abundant opportunity for the complete and satisfactory cleansing and disinfection of the Lying-in Hospital. This, with a staff entirely shut off from direct communication from that of the General Hospital would diminish the danger and lessen the frequency of the outbreaks of metria which have for some time given a sombre character to the reputation of the Lying-in Hospital.

MEDICAL STUDENTS.

Medical students in all parts of the world are *getting into line* for the work of the regular session. To some of the citizens of Toronto the fact that some four hundred of these blood-thirsty bone-hungry individuals are now being let loose in our midst may cause considerable trepidation. When to the comparatively mild and moral medicos are added the many hundreds of *Arts men, Divinity fellows*, and other varieties, the city must in many ways feel the effects of such a vast influx. In the past there has occasionally been some bad feeling between the "town and gown." In a few instances some of our valiant policemen have "whacked" the boys' heads rather unmercifully with their batons, while on the other hand the boys have been known to act rather disrespectfully towards the "bobbies." Other reminiscences of an equally pleasing character might be recalled, but for the present we will refrain.

For our own part we extend to all students a most cordial and hearty welcome. We know something about their varied trials and vicissitudes, their labours and relaxations, their joys and sorrows, their hopes and fears, their early generosities and later impecuniosities. We know how highly they appreciate a kindly welcome and a helping hand. We know how worthy they are of such assistance. It is true, and hardly to be wondered at, considering the many hundreds who are for the first time away from home influences, that many errors are committed. We wish not to justify these, but we dislike exceedingly to see them grossly exaggerated as they frequently are. From a worldly point of view they deserve the kindest consideration at the hands of our citizens. They leave a large amount of money in the city during their residence, and at the same time they by their attendance at our various colleges and schools year after year have given Toronto the proud position of being the great educational centre of Canada.

To the medical students, with whom we are now especially concerned, we may say, your friends are many. They will be found not only in your colleges, but also among the clergymen of all denominations, and the general public including *both sexes*. May we venture to ask you to conduct yourselves at all times in a way which will meet the approbation of those interested in your we fare. College songs are excellent in their way but not suited for midnight hours in our public streets. Consider street lamps as things not superfluous and touch not *doctors' signs*.

THE TORONTO MEDICAL SCHOOLS.

We are informed that an unusually large number of students are registering at the Medical Schools of Toronto. We are pleased to know that they are making the most vigorous efforts to keep fully abreast of the times in all departments. The arrangements recently made for clinical teaching are especially complete. In addition to the outdoor clinics, indoor clinics, and bedside instructions, the programme has provided for systematic teaching in the various special departments such as diseases of women, diseases of the eye and ear, throat, skin, etc. In framing this comprehensive system all the *schoolmen* of the hospital have been utilized including the specialists in midwifery, eye and ear disease etc.; and as a consequence the students derive an increased advantage from the fact that they are able to enjoy all the privileges thus placed at their disposal without any reference to the school to which they belong.

POISONING BY MISTAKE.

Another of these sad cases was added to the *long list* in September. Mr. Baxter, of Mount Brydges, obtained some powders from a drug store which should have been composed of santonine. By a *mistake* of the clerk strychnine was given instead, and its administration caused the death of two of Mr. Baxter's children. The druggist's clerk has been arrested under the charge of manslaughter.

It is a very serious thing to think that the lives of patients should be imperilled when going to drug stores for even the most harmless medicines. Young men are often careless even to a criminal extent, while the proprietors often show an amazing indifference to the safety of the public by placing in close proximity, and in similar bottles, what may be called safe medicines and the most deadly poisons. Druggists should be compelled to put all drugs which are poisonous in large doses in a separate place, and at the same time in receptacles with distinguishing characters of colour and shape. They might, for instance, be kept in red triangular shaped bottles in a closed cabinet while no other drugs were put in similar bottles. Will some of our medical men in the Legislature attend to this matter?

The 100th anniversary of the Medical School of Harvard University, will be celebrated on the 17th inst., and at the same time the dedication of its new building in Boylston street, will take place. The celebration will be held in Huntington Hall, Massachusetts Institute of Technology, at 11 a. m., when the President of the University will deliver an address, followed by an oration from Oliver Wendell Holmes, and the presentation of a portrait of Prof. Holmes, and a bust of Prof. Henry J. Bigelow. The second part of the programme will be carried out at the Medical College, consisting of prayer by Rev. Dr. Peabody, dedication of the building, reception of the Faculty, and exhibition of the building.

We have received No. 2 of the 1st vol. of the *Atlantic Journal of Medicine* published in Richmond, Va., with Dr. R. B. Stover and Henry G. Houston, Editors and Proprietors. The contents of this number comprise three original articles, of considerable interest, a full account of a meeting of the Richmond Academy of Medicine, and a number of well selected articles upon medicine, surgery, and gynæcology, and an editorial department dealing with various questions of the hour. We welcome the journal to our exchange list, and express our hearty wishes for its success.

Two new Medical Schools have been established in Buffalo, says a correspondent of the *N. Y. Med. Jnl.* One under the presidency of Dr. John Cronyn, is the medical department of the university of Niagara, late the "Seminary of Our Lady of Angels," and is a Romish Institution with a non-sectarian faculty. There are some good men on the staff. The other is a Post-graduate school most of whose professors are just far enough out of their teens to get diplomas. The object of the school is "to polish off the graduates of the other Buffalo Medical Schools."

The *American Psychological Journal* is the name of a new quarterly, issued by the National Association for the Protection of the Insane and Prevention of Insanity, under the editorship of Dr. Joseph Parrish, of Burlington, N. J., and numbering such names as Dana, Chevaillier, Godding, Bannister, and Shaw, amongst associate editors. It is published by P. Blackiston, Son & Co., and the number which has reached us presents a very creditable appearance.

La Psichitria, La Neuropatologia E Le Scienze Affini, is the lengthy and comprehensive title of a new Italian Quarterly, published under the supervision of Prof. G. Buonomo, of the Provincial Insane Asylum for Naples, and edited by Dr. L. Bianchi. It is well issued and like most Italian Journals, presents its readers with an admirable summary of the progress of science in the departments of which it treats.

The Canadian Pharmaceutical Journal, appears in a new and improved dress, and presents an enlarged and more imposing shape. A change in proprietorship has also taken place, and we congratulate the editor, Mr. Shuttleworth, on the excellent appearance of the first number of the New Series, and his manifest determination to keep in the van of progress.

The British Association for the Advancement of Science.—This Association will meet in Montreal, August 27th, 1884. By a resolution passed at Kingston, the next meeting of the Canada Medical Association will be held in Montreal a few days before the meeting of the British Association

Indoors and Outdoors, is the official organ of the National Association for Sanitary and Rural Improvement. It is published monthly at a yearly subscription of 50 cents, and being well conducted, and attractively issued will doubtless do much towards the popularization and dissemination of sanitary information.

Meetings of Medical Societies.

MEETING OF THE DOMINION MEDICAL ASSOCIATION.

The Association met in Kingston, on Wednesday Sept. 5th, at 10 a. m., the President, Dr. Mullin, of Hamilton, in the chair.

ADDRESSES OF WELCOME.

Mayor Livingston, on behalf of the city, in a brief address accorded a welcome to the Association, after which Dr. Sullivan tendered a welcome in behalf of the local physicians. Another welcome was extended by Dr. Williamson, in the absence of Principal Grant, of Queen's College.

In the absence of Dr. Robillard, Dr. Sheard was appointed acting treasurer by the President.

VISITING DELEGATES.

Dr. Hurd, of Pontiac, Mich., Dr. Walker, of Detroit, a delegate from the American Medical Association, and Prof. McLean, of Ann Arbor University, were welcomed and invited to take seats on the platform.

REPORTS OF COMMITTEES.

Dr. Canniff, of Toronto, as chairman of the Special Committee on Vital Statistics, reported that the committee had never held any meeting, and that he had been frustrated in continuing those efforts by which a grant had been obtained from the Dominion Government for collecting vital statistics. He read letters showing that this had been caused by Dr. Larocque, Dr. Playter, and others, calling a convention at Ottawa and ignoring the special committee which had secured the grant.

Drs. Playter and Larocque explained their connection with the convention referred to, and showed that the matter was entirely an oversight. They were under the impression that the Special Committee, of which Dr. Canniff was president, had ceased to exist after last year's meeting.

Dr. Larocque, of Montreal, read a report from the Committee on Climatology and Public Health.

A vote of thanks was tendered to Dr. Larocque for his able report.

COMMITTEE ON NOMINATIONS.

Drs. Botsford, G. E. Fenwick, Grant, Graham, Rogers, Bray, Worthington, Malloch, Glover, Eye, Sweetland, Canniff, Oldright, and the President were appointed a Special Committee on Nominations.

Dr. Metcalfe extended an invitation to the members to visit the asylum at their convenience, after which the meeting adjourned to meet at 2 p.m.

AFTERNOON SESSION.

The afternoon session opened at 2.30, and the first business was the President's Address.

The Association was then divided into sections, with Dr. J. E. Graham, of Toronto, Chairman of the Medical, and Dr. Tye, of Chatham, Chairman of the Surgical Section.

MEDICAL SECTION.

Dr. Playter read a paper on "Diet as a Therapeutic Agent" in both acute and chronic maladies.

Drs. Graham and Reeve referred to the importance of diet, especially fruit, as a cause of diseases of the skin and eyes.

Dr. Sheard, of Toronto, presented a specimen of invaginated and gangrenous bowel. The ileum to the extent of nine inches was gangrenous and invaginated in the cæcum and colon. There was also a right inguinal hernia of long standing. Dr. Burns had performed abdominal section, but the patient died shortly after the operation.

Dr. Botsford's (St. John) paper on "Inflation of the Lungs by Traction, Abdominal and Thoracic," gave rise to a long discussion. Dr. Botsford in the treatment, recommended the use of traction by a plaster which adheres to the abdomen. The abdomen could be drawn out by means of the plaster, thus forming a cavity for air.

Dr. Grant said a patient in the Hospital at Ottawa was about to collapse after having taken chloroform, but being stood on his head he revived almost immediately.

Dr. Burnham, of Toronto, stated that in the Royal London Ophthalmic Hospital there had been no deaths caused by anæsthetics for seven years. When serious symptoms arose, artificial respiration was employed together with the administration of amyl nitrite by inhalation.

Dr. Dupuis, of Kingston, read a paper on the "Relations of Medical Men to Each Other, and to Each Others Patients," which consisted of childish twaddle very unethical in its character.

Dr. Metcalfe, of Kingston, read a paper on "Hyoscyamine in the Treatment of Mental diseases." He thought the crystalline

was the better of Merck's two preparations. He gave 1/12 to 1/8 grains hypodermically. It possessed two great advantages, promptitude and certainty. He had never found any bad effects produced and the patients often derived great benefit. It was especially beneficial in severe mania and in fact in all forms of maniacal excitement.

Dr. Hurd, Pontiac, Mich., endorsed Dr. Metcalfe's views. The drug seemed to change the mental action and was beneficial in melancholia. He gave small doses of 1/48 to 1/24 grains.

Dr. Daniel Clark, of Toronto, thought general practitioners should use it more frequently in cases of delirium tremens, acute mania, and melancholia with suicidal tendency.

Dr. Thorburn suggested caution in the use of large doses.

Dr. Graham, of Toronto, read a paper on "Leprosy in New Brunswick."

SURGICAL SECTION.

Dr. Worthington, of Clinton, read a paper on "Retroversion and Retroflexion of the Uterus."

Dr. S. Campbell, of Seaforth, on "Anomalous Case of Femoral Hernia."

Dr. Fenwick, Montreal, one on "Imperforate Anus with Fæcal Fistula." Short discussions were entered into on each paper being read.

Dr. McDonald, of Londonderry, N.B., reported a case of paracentesis pericardii, in which he had removed 20 ounces of pus, after which recovery took place.

Dr. Bell, of the Montreal General Hospital, gave the results of recent experiments, in which he had removed portions of the bowels in dogs, varying in length from a few inches to two feet. Generally the animals recovered, and when killed afterwards, perfect union was found to exist without narrowing of the gut:

THURSDAY MORNING.

The chair was taken by the President at 10.45 a.m. The minutes were read and approved.

Dr. Fulton, Chairman of the Committee on Necrology, had no lengthy report to make. The great majority of the deaths were between the ages of forty and sixty, which was rather remarkable, as that was the age of most vigorous medical practice. The list was as follows: Hon. Drs. D. Campbell, of Port Hood, N. S., and Dumochel, of Quebec, and Drs. Scott, Montreal; John Fraser, Font Hill; Edwin Henwood, Hamilton; Wm. H. Bacon, Brantford; J. N. Reid, Thornhill, formerly Professor of Physiology in the Medical Department of Victoria University; Samuel Richardson, Galt; R. H. Russell, Quebec; Milne, Claremont; S. Shaw, Dalhousie, N. B.; Jas. A. Sinclair, Colborne; L. E. Olivier, St. Ferdinand; T. R. Fraser, Pictou, N. S.; Robt. Thompson, St. Stephen, N. B.; Duncan McGregor, Winnipeg; Joseph Clarke, Oshawa; James McG. Campbell, Sherbrooke, N. S.; Joshua Chamberlin, Frelighsburg, Que.; J. S. Balmer, Princeton; Fred. B. Going, St. Thomas; A. Moren, Halifax; J. J. Clarke, Barrington, N. S.; H. Kollymer, Montreal; W. D. Ross, Pembina; G. E. Gascoigne, Brockville; J. A. Stevenson, London; Jos. A. Whyte, Montreal; Jonathan Woolverton, Grimsby; McIver, Pembroke; James A. Hunter, Newcastle; Robert Eustace, Canso; A. Chisholm, Alexandria, Ont.; James A. Sievewright, New Westminster, B. C.; Wm. Ruddeck, St. Martins; E. Rosseau, Quebec; Norman McGregor, Lucknow, and Edward Laberge, St. Philemone, Que.

Dr. Thorburn, Chairman of the Committee on Education, reported that nothing of importance had occurred in connection with medical literature. Several changes were proposed in other directions, the chief of which were, a summer course of study, and the establishment of female colleges. Another matter of importance to the profession was the change which had just been made in the law of New Brunswick. Formerly any graduate of a recognized medical college in Canada or the United States was allowed to practise on paying a registration fee, but now practitioners will have to undergo an examination such as is exacted in Ontario, which would have the effect of keeping her young men at home.

The President directed the attention of the meeting to the new Sanitary Society which was to be formed in this city to-morrow, and asked that any members who were leaving the city should leave their names with the Secretary that they might become members of the new society.

The Secretary announced that Dr. Neilson, Surgeon-Major of B Battery, would like to meet with all doctors who had any connection with military matters.

Dr. Osler read a paper on "Some Points

in chronic Bright's Disease," in which he referred: 1. To the fact that so many cases of chronic Bright's Disease were for a long time unsuspected, and the physician was first called to see the patient with some grave manifestations, cerebral or otherwise. Cases were given to illustrate. 2. Some peculiarities in the onset of the uræmic symptoms, of which two cases were given; one, in which violent mania ushered in the uræmic attack in a man in whom no kidney trouble had previously been suspected, and in a second, a woman in whom pronounced hysterical symptoms preceded an attack of uræmic coma. 3. The occurrence of fatal uræmic symptoms at a very early stage of renal cirrhosis.

Two instances of sudden and fatal uræmic symptoms in apparently healthy men, and the condition of the kidneys was such that they would have passed a superficial inspection, but on microscopical examination changes were found in the form of atrophy of some of the tufts and slight epithelial alterations.

Dr. Graham, of Toronto, thought that the sphygmograph was frequently of great diagnostic value in these obscure or unsuspected cases, and referred to a remarkable case of chronic Bright's Disease, which had come under his observation, in which there were pronounced uræmic symptoms, and finally death, and yet the amount of urea excreted was not at any time below the normal quantity.

Dr. Holmes, of Chatham, read a paper on "Erosions of the Female Urethra."

Dr. Major, of Montreal, read a paper on "Tumours of the Naso-pharynx," in which he gave a description of the different varieties found with modes of removal.

Dr. Oldright, of Toronto, exhibited a specimen of fibro-myxoma of the thigh, and read notes of the case.

PUBLIC HEALTH SECTION.

A special meeting of those interested in sanitary matters was held, at which a Sanitary Association was organized.

Dr. Sweetland, of Ottawa, was appointed chairman, and Dr. Campbell, of Seaforth, secretary.

During the afternoon the members went an excursion among the Thousand Islands.

MILITARY SECTION.

The doctors who are connected with the militia held a meeting on Thursday at which they discussed their various relations to the militia force of the Dominion and decided to ask the Association to send the following recommendations to the Minister of Militia.

1. The organization of a Militia Medical Department with a chief medical officer at headquarters.

2. That the senior medical officer in each military district be appointed Principal Medical Officer.

3. That substantive rank be granted to all military medical officers.

4. That the medical department shall be supplied with all the necessary equipment for the use of the force when required.

5. That it be further submitted to the Hon. the Minister of Militia the advisability of changing the titles and designations of Canadian medical officers so that they will correspond with those held by the medical officers of the British service, thus: Surgeon instead of Assistant-Surgeon; Surgeon-Major instead of Surgeon; Brigade-Surgeon instead of Surgeon-Major; Deputy Surgeon-General, etc.

6. That the scale of pay and allowances of the Militia Medical Department be assimilated to that of the corresponding ranks of the British Medical Department.

The report was presented by Surgeon-Major Thorburn, seconded by Prof. Gardner, of McGill College, Montreal, and passed unanimously.

FRIDAY MORNING.

The Committee on Nominations brought in their report, which was accepted without amendment. As a consequence the following officers and members of committees were elected:—

President—Dr. Sullivan, of Kingston.

Vice-Presidents—Ontario, Dr. Thorburn; Quebec, Dr. Robillard; New Brunswick, Dr. James Christie; Nova Scotia, Dr. McDonald; Manitoba, Dr. Lynch.

General Secretary—Dr. Osler, of Montreal.

Treasurer—Dr. Sheard, of Toronto.

Local Secretaries—Ontario, Dr. Bray, Chatham; Quebec, Dr. James Bell, Montreal; New Brunswick, Dr. Coleman, St. John; Nova Scotia, Dr. Black, jr., Halifax; Manitoba, Dr. Betts, Winnipeg.

The next place of meeting to be Montreal, the date to be left to the President and Secretary, in order to arrange for the meeting to be held immediately before the meeting of the British Association for the Advancement of Science.

Committee of Management—Drs. Hing-

ston, F. W. Campbell, G. W. Ross, Roddick, Lachapelle, Gardner and Rodger, with power to add to their number.

Publication—Drs. Ross, Cameron, Fulton and Sheard.

Medicine—Drs. Graham, Toronto; Ross, Montreal; Oliver, Kingston.

Surgery—Drs. Roddick, Albertson, N.B., and Tye, of Chatham.

Obstetrics—Drs. M. Lavell, Holmes and Lawson, of Halifax.

Therapeutics—Drs. George Wright, Toronto; Stewart, Montreal; Small, Ottawa.

Necrology—Drs. Fulton and A. H. Wright, Toronto; J. C. Cameron, Montreal.

Education—Drs. McCammon, Bray, Yeomans; Bayard, Parker, Halifax; Whiteford, Winnipeg; Wilkins, Montreal.

Public Health—Drs. Canniff, Oldright, Toronto; Robillard, Montreal; Yeomans, Harding, Worthington, St. John, Larocque, Botsford, Playter, Winburne, Covernton, Bryce.

Ethics—Drs. Mullin, Harrison, McCammon, Bray, Grant, Prevost, Osler, Almon, Coleman.

Delegates to the American Medical Association—Drs. Grant, Ottawa; Gardner and Hingston, Montreal; the President and Secretary to give credentials to others who may wish them.

Delegates to the American Public Health Association—Drs. Larocque, Tye, Bray, Holmes, Sweetland and Covernton.

The above convention meets in Detroit in November.

The Secretary intimated that the Association had received a cordial invitation from the Winnipeg Medical Society and the College of Physicians and Surgeons of Manitoba to hold their next meeting in Winnipeg but it was thought advisable to hold the meeting in Montreal, on account of the meeting of the British Association for the Advancement of Science. The Association, however, might go to Winnipeg in 1885.

Votes of thanks were unanimously passed to the Authorities of Queen's College for the use of their building in which the meetings of the Association had been held, to the railroad and steamboat Companies for reduced fares, to the Medical Profession of Kingston for their cordial reception, to His Worship the Mayor of Kingston for his kind and hearty words of welcome, and to the retiring President, Dr. Mullin, for his able, gentlemanly, and urbane conduct in the chair, after which the Association adjourned.

Book Notices.

Annual Announcement of the Medical Department of Niagara University, Buffalo, N.Y. Session 1883-4.

The Dispensatory of the United States of America. By Dr. Geo. B. Wood and Dr. Franklin Bache. Fifteenth edition. Re-arranged, thoroughly revised and largely re-written. With illustrations. By H. C. Wood, M.D., Joseph P. Remington, Ph.G., and Samuel P. Sadtler, Ph.D., F.C.S. Philadelphia: J. B. Lippincott & Co. 1883.

Fifty years ago the first edition of this magnificent work saw the light. It sprang from the fertile brain of Dr. Geo. B. Wood, an able and standard commentary on the then new *Pharmacopœia* of the United States, the acceptance of which it did much to ensure. During the half century since its birth it has passed through fourteen editions, each ably and fully embodying the latest achievements of Pharmacological Science. The original editors, after lives of great utility and fame, have gone over to the majority; and this Fifteenth edition has been issued by three successors, whose names alone are sufficient guarantee that in each department not only will the merits and reputation of former editions be maintained, but the practical value of the work enhanced by the insertion of whatever is worthy amongst recent discoveries after due filtration through a master mind. Prof. H. C. Wood has re-written the sections on Medical Properties and Uses, and revised the sections on Botany and Vegetable Materia Medica. The Pharmaceutical Chemistry and Pharmacy have been contributed by Prof. Jos. P. Remington; and the Theoretical Chemistry and Toxicology have been reproduced by Prof. S. P. Sadtler. Amongst new features may be mentioned the illustrations of drugs, and very accurate representations of microscopical sections and the complete list of analyses of American Mineral Springs, and of a large number of European Springs of note. The work is a vast storehouse of information, simply invaluable alike to physician and pharmacist, and fully realizes the aspiration of its authors "to make the new U. S. Dispensatory worthy of the time when it was universally recognized as the supreme treasure-house of pharmacological lore."

Personal.

Dr. Brown, of Montreal, has returned from Vienna.

Dr. Roddick started, Sept. 8th, for Europe where he will remain a year.

Dr. Stewart, formerly of Brucefield, has returned from Europe and settled in Montreal.

Dr. Sullivan, of Kingston, is President of the Canada Medical Association for the coming year.

Dr. Osler, of Montreal, spent a week in Toronto, after the meeting of the Canada Medical Association.

Dr. Barrett will deliver the introductory address for the Women's Medical College, Oct. 1st, at 2.30 p. m.

Sir Spencer Wells has been elected an Honorary Fellow of the Physico-Medical Society of Erlangen.

Dr. Joseph C. Hutchinson, of Brooklyn, sustained a fracture of his thigh while driving at Lake George.

The Kingston City Council voted $5, for the entertainment of the doctors in session, Sept. 6th and 7th.

Dr. W. H. Aikins, eldest son of Dr. Aikins, of Toronto, who spent a year in London, has returned to Canada.

Dr. Welsh, of Philadelphia, was fined $10 by the Board of Health for neglecting to report a case of diphtheria.

Dr. Sheard will deliver the opening address for the Trinity Medical School on Tuesday, Oct. 2nd, at 4 p.m.

Dr. Workman, of Toronto, will deliver the opening address for McGill Medical School, Montreal, Oct. 2nd.

Dr. J. E. Graham is one of the Vice-Presidents of the American Dermatological Association for the coming year.

Dr. C. W. Covernton has been made a Foreign Corresponding Member of the Spanish Society of Hygiene of Madrid.

Dr. Rolph Lesslie has gone with an exploring party to ascend the river Congo under the command of Sir Frederic Goldsmid.

Dr. J. H. Richardson will deliver the opening address for the session, in the Toronto School of Medicine, on Monday Oct 1st, at 4 p. m.

Dr. Uzziel Ogden, has returned to Toronto after his trip to Europe. It is his intention hereafter to confine his practice to diseases of women.

Principal Dawson, of McGill University, has gone to Europe for a year's rest. Before leaving Montreal, the citizens presented him with a purse of $5,000.

The Royal College of Surgeons have awarded the John Hunter Medal to Professor Owen, C.B., F.R.S., superintendent of the New Natural History Museum for the great services he has rendered to comparative anatomy.

Dr. W. H. Montague has removed from Dunnville to Welland. His many friends in Dunnville entertained him before his departure at a banquet which was largely attended.

The following are the officers of the Brant Medical Association for the ensuing year: President, Dr. W. T. Harris; Vice-President, Dr. R. H. Dee; Secretary-Treasurer, Dr. W. E. Winskill.

Professor Pernet after seventeen years connection with the University of Toronto and other educational institutions of this city, has resigned and left the city to take up his abode in *La Belle France*.

M. Verneuil will represent the Society of Surgery of Paris at the next International Medical Congress. M. Desprès has been invited to accept a commission, but he replied that he made it a rule never to attend "Scientific fairs."

Canadians Abroad.—David George Bennett, B.A., of New Brunswick, obtained the degree of M.B., and C.M., on the 1st of August, at the Edinburgh University. At Aberdeen University, David Tulloch, M.B., and C.M., Winnipeg, received the M.D. degree. Thomas Gray, M.D., Ont., obtained the double qualification of Licentiate of the Faculty of Physicians and Surgeons of Glasgow, and of the Royal College of Physicians Edinburgh. B. J. W. Hurdman, F. Uniacke Anderson, of Halifax, N.S., obtained the L.R.C.P. and L.R.C.S., of Edinburgh.

Birth.

BURRITT—On the 1st of September, at 84 Wellesley Street, the wife of Dr. H. C. Burritt of a son.

Married.

KENNEDY—ALLEN—At Cornwall, Ont., on the 19th of September, George Allan Kennedy, Surgeon in the N. W. Mounted Police, to Alice Maude, only daughter of Dr. Allen.

THE

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TORONTO, NOVEMBER, 1883.

Original Communications.

HIP JOINT DISEASE.*

BY J. FERGUSON, B.A., M.B., L.R.C.P.

The form of the disease that I purpose bringing before your notice to-day is that occurring in the young, and in boys rather more frequently than in girls. Many opinions have been expressed as to the real cause of this serious affection, and if my remarks to-day should call the attention of this learned assembly of those who practice the healing art, to what I really believe is an important cause of this malady, and that it may lead to improved views in treatment, I shall be amply rewarded.

Now, I do not mean that the cause I intend bringing before you is the only cause. That some cases arise, as is now held, in disease of the os innominatum or femur, or in the synovial membrane is, I think, true. The head of the femur, the synovial membrane, the round ligament, struma, and tuberculosis have been claimed by different authors. Barwell, in his work on the diseases of joints, says that no one ever heard of knee-joint disease arising out of the crucial ligaments, and why in the round ligament? He must be very ignorant of the true anatomy of the ligamentum teres if he compares it with the crucial ligaments in the knee joint.

The real truth is that the ligamentum teres carries the weight of the body suspended on the head of the femur. This is a well-known fact in anatomy, first brought out, and impressed on the minds of his students, by that brilliant anatomist, Dr. Richardson. But it has never been made any use of in explaining the cause of hip joint disease. Now it occurred to me that, if this ligament should be lengthened from any cause, it would permit the head of the femur to press hard against the upper part of the acetabulum; and, as a result of this pressure, and the consequent friction, active inflammation would ensue. It is well known to anatomists that the ligamentum teres is sometimes very small, and imperfectly developed. Further, it is known that in cases where it is so the hip is a weak joint in consequence of a lengthened ligamentum teres as has been shown by some careful dissections of this joint in persons who died of some other trouble, and who were known to complain of many of the symptoms of hip disease.

This ligament may be congenitally somewhat longer than it normally is; and during early life when those great changes are taking place in the development of the bones that enter into the formation of the hip-joint, the head of the femur and the acetabulum are brought into contact, and disease lighted up by very trifling causes, as cold, slight injury, and such like. Again, the ligaments of any joint may become relaxed, from a relaxed and weakened condition of the body generally. Now in no ligament, would we expect to find this

* Read before the Ontario Medical Association, June, 1883.

relaxed condition more likely than in the round, from the simple fact that it has to carry the whole weight of the body. In a condition of general want of tone this structure lengthens, and the bones come into contact, new elements spring up at once, for if the round ligament is relaxed from general causes, so are all the tissues of the body, and the synovial membrane, cartilages and bones of the hip, sharing in this debility yield to the unnatural pressure they have to endure, and inflammation sets in. If this condition may arise out of a congenitally lengthened or imperfectly developed round ligament, or from one lengthened later in life from general debility, so may it occur suddenly, as the result of direct violence to the structure under our consideration.

It has been shown by anatomists, that the round ligament is less firmly attached to the depression in the acetabulum, and the head of the femur in the young than in after years. I have made direct experiment on this point, and find that proportionate to the weight, it requires only about one third the force to detach it from either of these bones, that is required in the adult. Children run and jump a good deal, and in this way the weight of the body coming down upon the round ligament, it may be partially or completely detached at one or both ends, sowing the seed for future mischief.

In this article I have tried to show on theoretical and anatomical grounds that hip joint disease may be purely mechanical in its cause, and not dependent upon any pathological changes in the structures of the joint in the first place.

I shall now record a case in point: I saw a lad of eleven years, in the month of March, 1883; he was then suffering with severe pneumonia, of which he died. I was told that for some time he had been complaining of his hip, and his mother thought he was limping a little; but paid no attention to the matter, as she thought he would grow out of it. I was fortunate in this case in securing the privilege of examining the hip. There was nothing as yet wrong with the bones, but the synovial membrane, and the cartilages were somewhat spongy and fringy. In this case, however, I found the end of the round ligament attached to the femur, slightly separated, and the whole ligament lengthened. The head of the femur was permitted under these conditions to come into close contact with the upper part of the acetabulum. Here we have a case of incipient hip joint disease; and, I think, from the cause I have pointed out, had this boy lived a little longer, the symptoms would have been fully developed; but I would have lost a practical verification of what, on theoretical grounds, I held to be true.

We often hear of strumous knee-joint disease, and I fear the term is used in a very loose manner. The comparison is made between the knee and the hip, as to the tissues in which the diseased action begins. No comparison can be made between the knee and hip joint when the person stands upon the foot, the bones in the knee are brought into firm contact, and the greater the weight the firmer this contact. In the healthy cendition of the hip, this is not the case at all. The head of the femur does not come into apposition with the bones forming the acetabulum. The pelvis is suspended from the two femurs by the round ligaments, somewhat in the manner of a swing. From this it follows that in the erect position the bones entering into the formation of the hip do not touch each other, and especially at the upper part. Indeed the fact of carrying a heavy weight upon the shoulder has no effect in bringing these bones together unless there be a lengthening or a rupturing of the round ligament. I do not mean to say that hip joint disease may not arise from the many causes already assigned to it by able and careful observers, but I do claim that this action of the round ligament has been overlooked entirely in a

pathological point of view, and almost entirely in an anatomical one. Suppose the boy has a strumous constitution; and that the round ligament does its work properly, he may escape completely; but grant that by any cause, either of debility or accident, the round ligament becomes lengthened, torn, or detached, you have then all that is requisite for the production of severe trouble —unnatural friction in a large joint in one of a weak and strumous disposition.

It has been shown by Owen, Flower, Gegenbauer, Rolleston, Morris, and Mivart that the ligamentum teres is not indispensable to the integrity of the joint; yet as far as can be gathered from the records of human anatomy it is wanting in about one in one thousand, a very small proportion indeed. In those cases where it is wanting an accommodating condition of the cotyloid ligament has been formed so as to prevent the bones coming into contact. The most important point, however, is that the joint from infancy gradually becomes accustomed to the want of the round ligament, and can bear a pressure, which coming on when the joint is fully formed, proves disastrous to it. From this we conclude that the round ligament, being absent from birth, may cause no trouble; but should it become deficient later in life, either by rupture or lengthening, then most grave results are liable to follow.

Anatomists have clearly shown that an important function of the round ligament is to prevent undue rotation outwards. Now should the ligament be long, then this outward rotation takes place, the effect of which is to cause the head of the femur to play in the acetabulum with a peculiar sweep, and great friction is the result.

When coxalgia arises from such a condition as that just described, it will be of the arthritic variety. As to the tissues in which the inflammatory changes begin, no rule can be given; for, the pressure occurring, any of the softer tissues in the joint may take on diseased action, probably, as Erichsen remarks, in the cartilage of the femur or acetabulum as these are subjected to the greatest amount of friction and pressure.

REMOVAL OF A FIRMLY ADHERENT, SOLID TUMOUR OF THE OVARY.*

A. GROVES, FERGUS, ONT.

It is not my intention to give the diagnosis, and describe in detail the ovarian operation, nor shall I discuss the question of the primary origin of solid tumors involving both the uterus and ovary. Whether such growths have their origin in a subperitoneal uterine fibroid which secondarily involves the ovary, or whether the ovary first becomes diseased, and by continual growth becomes adherent to the uterus as well as to other organs are questions which do not come within the scope of the present paper. My intention is to describe briefly the method adopted for the removal of a large, solid tumor which was diagnosed as ovarian. The abdominal cavity was opened in the usual manner, but it was found necessary to extend the incision almost to the ensiform cartilage. The growth was found to be globular in form, entirely solid, firmly adherent to the intestines, omentum, uterus, and abdominal and pelvic walls. The tumour was afterward found to measure thirty-one inches in circumference, and to have a weight of something over twenty-one pounds. As the separation of the adhesions over such large surfaces would appear to be fraught with the greatest subsequent danger, I adopted a different and I believe much safer method of overcoming the difficulty.

Having made an incision through the peritoneum, covering the anterior surface of the tumour, I separated the whole peritoneal envelope from the growth without difficulty, and with it of course all the adhesions, except that to the uterus, which was broken down with great difficulty.

*Read at the meeting of the Ontario Medical Association, June 6, 1883.

Having completed the removal of the mass, the flap of peritoneum, which had been formed by enucleating the tumour, was raised up and spread out, the edges of its peritoneal surface being brought into apposition with the edges of the peritoneum in the abdominal incision and retained by sutures.

There was thus an apron of peritoneum closing in the peritoneal cavity, and converting it again into a shut sac. All cut surfaces, bleeding points, ligatures, etc., were now extra-peritoneal. The abdominal wound was closed in the ordinary manner, except that the needles were not passed through the peritoneum. With the usual, after treatment, the patient progressed to perfect recovery.

Selections: Medicine.

UNDUE ARTERIAL TENSION.

High arterial tension is not to be measured by a certain number of grammes or ounces of pressure employed to elicit a characteristic sphygmographic trace; it is a relative, not an absolute term. Ultimately, the measure of the tension in the arteries is the force of the systole of the heart, but modifying influences of extreme importance are introduced by the peripheral circulation. Under normal conditions, the relation between the force of the heart and the outflow by the capillaries is such, that the artery gradually subsides under the pressure of the fingers in the intervals of the pulse; and the chief characteristic of unduly high tension is, that the vessel remains full between the beats. For our present purpose, then, it may be taken that high tension exists whenever the artery is full between the beats, so that it can be rolled under the fingers like a tendon in the wrist. To appreciate this condition, three fingers should be placed on the vessel, when it will be found to stand out, not only during the wave of the pulse, but in the intervals; and, as has just been said, it can be rolled transverely under the fingers, and can also frequently be followed for some distance up the forearm, feeling almost like the vas deferens. This having been recognised, other points must then be ascertained. The force of the pulse-beat and the degree of actual pressure in the blood-column may vary. This will be approximately estimated by the pressure of the fingers required to flatten the artery and arrest the wave—one, two, and all three fingers being employed, and the pressure being varied several times. Very frequently, the force needed is unexpectedly great, and a pulse which at first seems to be weak may really be extremely powerful. Again, the artery may be either large or small; sometimes, it is distended and dilated to its full capacity; at others, it is firmly contracted upon the contained blood. It is in these last cases that the pulse is apparently weak, its force only being appreciated as the attempt is made to extinguish it. Finally, the pulse-wave may be long or short; usually it is long, and dies away gradually under the finger; but not uncommonly, all other characters of tension being present, it is short, a change of very great importance, as it usually indicates dilatation of the left ventricle and incipient failure of the heart.

I have said nothing about the sphygmograph, because, were I to enter upon a description of the sphygmographic trace, I should have to devote much time to qualification and discussion, which would only be appreciated by the few who work much with this instrument; and, after all, the educated finger can tell us everything revealed by the sphygmograph, and more. When, after the general neglect of the indications furnished by the pulse, terms were required to describe the different conditions again brought out by the sphygmograph, all these terms were found ready-made in the writings of Galen. Fortunately, there is nothing of real importance in the pulse which cannot be readily distinguished by the busy medical man in his daily work.

* * * * * * *

Conditions of Arterial Tension.—We may proceed now to the enumeration of the conditions under which arterial tension arises, most of them being such as are attended with accumulation in the blood of imperfectly oxidised nitrogenized waste.

1. Renal disease of whatever kind, except acute suppurative pyelitis, and nephritis, and perhaps tuberculosis and amyloid degeneration is attended with high arterial tension, due to the imperfect elimination of urinary constituents. So characteristic of disease of the kidney is the pulse of high

tension, that it has been named the renal pulse; but the term is extremely objectionable, for, although such a pulse is often at once suggestive of disease of the kidneys, and may facilitate the diagnosis, it is very common when there is no renal change; and, on the other hand, it may be absent temporarily or permanently when advanced disease of the kidneys exists. If tension be permanently wanting, however, it may be a prognostic sign of the worst augury.

2. Gout, again, is so constantly accompanied by high pulse-tension, that the term gouty pulse has passed into currency. It is, of course, open to the same objections as the name renal pulse. Arterial tension is present in both acute and in chronic gout; and the name suppressed gout, so conveniently vague, and open as it is to abuse, might perhaps serve some useful purpose if it were employed simply to designate such states of impaired health in middle and advanced life, as are characterised by the presence of unduly high arterial tension.

The class would correspond very closely with the conditions described by the late Dr. Murchison, in his work on *Functional Derangements of the Liver*, the symptoms being attributed to lithæmia. In gout, the form of nitrogenised waste is uric acid; of some of the states comprehended under the head of suppressed gout, the oxidation in nitrogenised matter has probably stopped short of the stage at which uric acid is formed, and the compounds are even more injurious in their effects on the system. It is not necessary to describe in detail the modes of life which conduce to the accumulation in the blood of this imperfectly organized nitrogenised waste—they are excessive consumption of animal food and alcoholic drinking, sedentary habits, and the like.

I have been greatly struck with the frequency and degree of high arterial tension met with in Englishmen returning from India and other hot climates. My preconceived idea was that the external heat and free perspiration would produce general vascular relaxation, but observation has shown the exact contrary of this to be the usual result. The explanation, no doubt, is that the Englishman carries his meat-eating habits with him to hot climates, and there being here comparatively little need for combustion in order to maintain the temperature of the body, the nitrogenised food is imperfectly burnt off and eliminated.

3. Lead-poisoning is another cause of high arterial tension, and it is noteworthy that it frequently gives rise to gout and kidney disease, the conditions already spoken of, attended with excessive intra-arterial pressure. Probably the formation of compounds of organic matter with lead salts, albuminates of lead too stable to undergo readily dissociation and oxidation, is the cause of accumulation of imperfectly oxidised products in the blood.

4. Pregnancy is invariably accompanied by increase of tension in the arteries. Whether this arises from a general augmentation of the volume of the blood, or from the presence in the blood of effete matters derived from the fœtus, is, perhaps, not altogether settled. Drs. Mahomed and Galabin have carefully investigated the rise of pulse-tension in pregnancy. It is worthy of note that Bright's disease may be established by pregnancy as well as by lead poisoning.

5. Anæmia, and especially chlorotic anæmia, is accompanied by high arterial tension. This, as I have before said, is an unexpected fact, but it is in my experience constant. Probably the explanation is similar to the explanation of the breathlessness attending this condition—the red corpuscles, the carriers of oxygen, are deficient, and just as they are insufficient to convey to the nervous system the increased amount of oxygen required in exertion, so they do not supply sufficient oxygen for the oxidation of the effete matters in the blood and tissues. The occurrence of dilatation of the left ventricle and mitral regurgitation, as an effect of anæmia, is at once understood when the resistance in the peripheral circulation is taken into account. It is not merely the innutrition of the walls of the heart, due to anæmia, which causes them to give way, but the increased pressure thrown upon the left ventricle by this resistance.

6. In cases of emphysema and chronic bronchitis, and sometimes even in phthisis, the systemic arteries present the signs of increased tension; in emphysema they are specially marked. This might be attributed to general fibrotic change in the tissues as well as in the lungs, but this is not the whole explanation; imperfect aëration of the blood has a share in provoking the

resistance, as is shown by its varying degree in the early stages of the affection of the lungs. Mitral stenosis may here be mentioned as associated with arterial tension, without discussing the relation between the two. With scarcely an exception, the radial artery is full between the beats in mitral stenosis.

7. Inherited tendency must, in some cases, be assumed to exist as the only explanation of undue tension in the arterial system. I have frequently found it in young students, and sometimes in schoolboys and children of ten or eleven, quite independent of overt gout or gouty family history, and not traceable to habit, climate, or mode of life. Again, I have seen several examples of this kind. All the males of a family die about or before the age of sixty, from consequences of high arterial tension of one kind or another, while the females, or most of them, survive, presenting, however, the signs of extreme pressure within the arterial system. Women, it need scarcely be said, are not exposed in the same way as men to the influences, dietetic and others, which intensify arterial tension, and precipitate its fatal effects.

8. Finally, constipation must be mentioned as a cause of temporary increase of tension, which very frequently proves to be the last straw in bringing on an attack of apoplexy or syncope.—W. H. Broadbent, M.D., F.R.C.P., in *Brit. Med. Jnl.*

Nursing.—In the first place, I desire to bear testimony to the fact that nursing is not only an extremely useful, but a highly honourable pursuit worthy of the ambition of any respectable person, whether man or woman. Trained nursing is rapidly assuming the form of a dignified profession. It is no longer a menial occupation, but an art and a science. A well-educated nurse must necessarily be a person of refinement and of more or less culture. Such a nurse commands high wages, or, to put it in a more proper way, high fees, is much sought after, and, like the medical attendant, is entitled to the respect and confidence of the family in which he or she renders the service. A nurse often becomes the life-long friend of a patient, and cases have repeatedly occurred in which large legacies have been left for important services rendered in severe and protracted sickness. These remarks are more especially applicable to female nurses, who everywhere constitute the great majority of this class of persons; and in the succeeding discussion I shall, in order to avoid useless repetition, confine myself to that sex.

The chief qualities of a nurse are perfect health, refinement, neatness of person, correct habits, kindness of heart, patience, power of endurance, a good temper, a discreet tongue, good judgment, and alertness of mind. Such a combination of qualities is rare, but where it is present, and has been improved by a rigid course of training, it fulfils the very highest requirements of the sick room. Endowed with such an array of gifts, a nurse is capable of doing an amount of good in combatting disease in a degree hardly inferior to that of the medical attendant himself. She diffuses light and courage and sympathy in all her acts and movements, and thus robs disease of half its fears and pangs. An indifferent, poor, or untrained nurse, on the other hand, is too often a source of positive mischief; her want of knowledge is incessantly at fault; she worries and frets not only the patient, but every one around her; everything is out of joint, and, instead of being a blessing, she is too frequently only a nuisance. "For the want of timely care," says Armstrong, the poet doctor, "millions have died of medicable wounds;" and millions, I am sure, die every year from a want of proper nursing. A good nurse is the right hand of the physician. If his injunctions, in the way of medicine, food, drink, and other necessaries, are not faithfully carried out during the intervals of his visits, how will it be possible for him to combat disease successfully? In many cases the recovery of the patient is due more to good nursing than to the skill of the physician. When I come to die, let me have plenty of light and pure air in my room, and at my beside a kind and accomplished nurse, a member, if possible, of that noble sisterhood, the Sisters of Charity, who are doing everywhere such noble work in the interests of the sick and the dying.

The requirements of the sick-room are numerous and diversified, and embrace a knowledge of everything that can conduce to the comfort and recovery of the patient. The first duty of the nurse is to carry out with unwavering fidelity and punctuality the instructions of the medical attendant; this is a sacred duty, and should on no ac-

count be departed from, unless unexpected intercurrent circumstances render it imperatively necessary. The relations between the nurse and the patient should be of the most friendly nature. She should move about the chamber, not on tiptoe, but as noiselessly as possible; wear a cheerful countenance, even in impending danger; express herself gently in a few, well-chosen words, and perform every needful duty, however menial or distasteful, with promptness and alacrity. She must not lose her temper or show feeling, even if the patient be unreasonable, fault-finding, or over-exacting, always bearing in mind that these are common effects of disease, and that she must make the best of them. She must not indulge in gossip or tattle, but know and feel that the secrets of the sick-room are sacred.

I would lay great stress upon what I regard as the æsthetics of the sick-room—a word which to me has a very high significance. The dictionary defines æsthetics as the science of the beautiful—the beautiful in nature and in art. The sick man's chamber has rarely about or in it anything of the æsthetic; on the contrary, it is generally disgracefully unæsthetic, in a state of confusion worse confounded—one thing here and another there, where they have no business to be, if they be not indeed a source of positive annoyance. Nothing can be more disgusting than to see half a dozen vials and pill-boxes piled upon the table or bureau directly under the patient's eye; a plate, cup, knife, or spoon here or there; a soiled napkin on the bed, or on the wash-stand; a slipper out on the floor, or a chair, stand, or some other piece of furniture out of place. Such disorder cannot fail to make a disagreeable impression upon the patient, and is a disgrace alike to the nurse and to the medical attendant. Each should aim to produce the most agreeable impression upon the poor sufferer. It is bad enough to be sick, but to be shut up, perhaps in a small, ill-ventilated room, filled with unpleasant odours and distasteful surroundings, is unbearable, and little short of a crime.

The educated nurse must have a competent knowledge, 1st, of the general principles of hygiene; 2ndly, of the effects, doses, and modes of administration of the medicines in most common use; 3rdly, of the nature of food and drink, and the proper methods of preparing them for the sick; 4thly, of the different poisons and their antidotes; 5thly, of local remedies, as leeching, cupping, blistering, bandaging, poultices, lotions, antiseptics, and ointments; and, 6thly, of the manner of handling the patient, of making up his bed, and of changing his body-clothes. If, superadded to this knowledge, a nurse can have some idea of the nature and treatment of the more common diseases, very well, but such knowledge is by no means indispensable. A little knowledge is here, as everywhere else, often a dangerous thing. Dr. Rush used to tell his students that no physician should be permitted to engage in practice unless he had served six months in the kitchen, so important did he consider a knowledge of the art of cooking.—*Med. News.*

Dr. Oliver Wendell Holmes on the Teaching of Anatomy.—Extract from address at Centennial Celebration of Harvard Medical School: "Among the various apartments destined to special uses one will be sure to rivet your attention, namely, the anthropotomic laboratory, known to plainer speech as the dissecting room. The most difficult work of a medical school is the proper teaching of practical anatomy. The pursuit of that vitally essential branch of professional knowledge has always been in the face of numerous obstacles. Superstition has arrayed all her hobgoblins against it. Popular prejudice has made the study embarrassing and even dangerous to those engaged in it. The surgical student was prohibited from obtaining the knowledge required in his profession, and the surgeon was visited with crushing penalties for want of that necessary knowledge. Nothing is easier than to excite the odium of the ignorant against this branch of instruction and those who are engaged in it. It is the duty and interest of all intelligent members of the community to defend the anatomist and his place of labour against such appeals to ignorant passion as will interfere with this part of medical education; above all, against such inflammatory representations as may be expected to lead to midday mobs or midnight incendiarism.

The enlightened legislation of Massachusetts has long sanctioned the practice of dissection, and provided means for supplying the needs of anatomical instruction, which, managed with decent privacy and discretion,

have served the beneficent purpose intended by the wise and humane lawgivers, without doing wrong to those natural sensibilities which are always to be respected.

During the long period in which I have been a professor of anatomy in this medical school I have had abundant opportunities of knowing the zeal, the industry, the intelligence, the good order and propriety with which this practical department has been carried on. The labours superintended by the demonstrator and his assistants are in their nature repulsive, and not free from risk of disease, though in both these respects modern chemistry has introduced great ameliorations. The student is breathing an air which unused senses would find insufferable. He has tasks to perform which the chambermaid and the stable-boy would shrink from undertaking. We cannot wonder that the sensitive Rousseau could not endure the atmosphere of the room in which he had begun a course of anatomical study. But we know that the great painters, Michael Angelo, Leonardo, Raphael, must have witnessed many careful dissections; and what they endured for art, our students can endure for science and humanity.

Among the large number of students who have worked in the department of which I am speaking during my long term of service, —nearly 2,000 are on the catalogue as graduates,—there must have been some who were thoughtless, careless, unmindful of the proprieties. Something must be pardoned to the hardening effect of habit. Something must be forgiven to the lightheartedness of youth, which shows itself in scenes that would sadden and solemnize the unseasoned visitor. Even youthful womanhood has been known to forget itself in the midst of solemn surroundings. I well remember the complaint of Willis, a lover of the gentle sex, and not likely to have told a lie against a charming young person,—I quote from my rusty memory, but I believe correctly:—

> She trifled! ay, that angel-maid,—
> She trifled where the dead was laid.

Nor are older persons always so thoughtful and serious in the presence of mortality as it might be supposed they would show themselves. Some of us have encountered congressional committees attending the remains of distinguished functionaries to their distant place of burial. They generally bore up well under their bereavement. One might have expected to find them gathered in silent groups in the parlors of the Continental Hotel or the Brevoort House; to meet the grief-stricken members of the party smileless and sobbing as they sadly paced the corridors of Parker's, before they set off in a mournful and weeping procession. It was not so; candour would have to confess that it was far otherwise; charity would suggest that curiosity should withdraw her eye from the key-hole; humanity would try to excuse what she could not help witnessing; and a tear would fall from the blind eye of oblivion and blot out their hotel bills forever.

You need not be surprised, then, if among this large number of young men there should have been now and then something to find fault with. Twice in the course of 35 years I have had occasion to rebuke the acts of individual students, once in the presence of the whole class, on the humane and manly sympathy of which I could always safely rely. I have been in the habit of considering myself at liberty to visit the department I am speaking of, though it had its own officers; I took a part in drawing up the original regulations which governed the methods of work; I have often found fault with individuals or small classes for a want of method and neatness which is too common in all such places. But in the face of all peccadilloes and of the idle and baseless stories which have been circulated, I will say, as if from the chair which I no longer occupy, that the management of the difficult, delicate and all-important branch committed to the care of a succession of laborious and conscientious demonstrators, as I have known it through more than the third of a century, has been discreet, humane, faithful, and that the record of that department is most honourable to them and to the classes they have instructed."—*Boston Med. and Surg. Jnl.*

Post-mortem Diffusion of Arsenic.—Victor C. Vaughan, M.D., and James H. Dawson, Ph. C., in the *Journal of the Am. Med. Ass.*, Aug. 4, taking as a text the following case, made some conclusive experiments. M. M., accused of poisoning his wife with arsenic. The lady was taken sick about April 18th, 1882; during her illness she vomited frequently; was seen often by her physician, who, on more than one

occasion had counsel. On the 7th May the woman died. After death the husband and his brother injected arsenic suspended in water into the rectum and mouth, to embalm it. 105 days after death the body was exhumed, the stomach and rectum placed in one jar, and a portion of the liver and one kidney in another for analysis. Arsenious oxide in large quantity was found in the stomach and rectum, and calculated from the results of the analysis, the entire liver contained from 6 to 15 grains. Later the body was again exhumed and the brain and a part of the muscles from the calf of the leg were sent for examination, but no arsenic was found in them. The question was, granting that arsenic was injected into the mouth and rectum in the manner claimed, could it reach the liver and other organs outside the alimentary canal.

Experiment 1.—A large muskrat was killed. Arsenious oxide suspended in cold water was injected into the mouth and rectum. The rat placed in a pine box and buried. Twenty-five days afterwards it was disinterred and analysed. Arsenious oxide in appreciable amounts was found in the liver, kidneys and heart. The lungs contained more than the stomach, probably from the injection having passed down the trachea instead of the œsophagus.

Experiment 2.—A cadaver. Two or three days after death arsenious oxide suspended in cold water was injected into the mouth and rectum, and the body laid away in a dry cellar for twenty-five days. On examination the internal organs were in a fair state of preservation. Arsenious oxide was found to an appreciable amount in the left kidney, liver, lung, heart, and spleen.

Experiment 3.—By Prof. Kedzie, Mich. Agricultural College. A cat dead a few hours. The stomach and rectum injected with arsenious oxide suspended in water, and the cat buried for thirty-one days. The liver contained arsenic, as also the heart, spleen, and kidneys.

These experiments go to show that the diffusion of arsenic through the body is no proof that it was administered during life, nor that it had been the cause of death.

Disappearance of Cardiac Murmurs.—Mr. Greves gives the details of four cases in which murmurs had disappeared, and draws the following *resumé*:

Although murmurs are among the most constant of the physical signs of heart disease, still their presence does not necessarily indicate the existence of incurable lesions, nor their absence that such lesions are not present. In forming a correct diagnosis and prognosis of any case, therefore, too much reliance must not be placed on the presence or absence of murmurs, as is too frequen ly the case, but other signs and symptoms must receive careful examination and consideration, for often on them alone is it possible to found a correct diagnosis.

The presystolic murmur of mitral stenosis, the most typical of all murmurs, occasionally disappears, the lesion still remaining. Mitral regurgitant murmurs, when due to simple relaxation of the heart's muscle, and dilatation of its cavities and orifices, as in chlorosis and general febrile conditions, in most cases completely disappear under appropriate treatment.

Tricuspid regurgitation is occasionally a temporary condition, due to bronchitis, etc., and when the cause is removed, this condition is recovered from, as is indicated by the disappearance of the murmurs.

Aortic systolic murmurs, due to a permanent lesion at the aortic orifice, may undergo changes in their intensity, but never completely disappear.

Aortic diastolic murmurs in certain extremely rare cases have been known to disappear. In these cases a systolic aortic bruit is always present, which remains persistent, and thus indicates the existence of the lesion.

Pulmonary systolic murmurs are persistent when due to an organic lesion; but if non-organic, may disappear temporarily or permanently.—*Med. News.*

Free Hydrochloric Acid in Gastric Digestion.—Dr. Von den Velden, with Kussmaul's pump obtained matter in the course of digestion from the stomach. He experimented with these matters, to find free hydrochloric acid. The re-agent used was *tropéoline*, a yellow substance turning red in the presence of mineral acids, not affected by organic acids. In a typhoid patient, he observed the disappearance of free hydrochloric acid during the whole course of the fever, the acid re-appearing with convalescence. In a case of simple dilatation of the stomach, the acid was never wanting, in carcinoma it could never be found. The

cause of this phenomenon cannot be attributed to weakness, nor cachexia, for the absence of acid persists even when the patient is relieved, and on the other hand, patients in the last stages of marasmus preserve their free acid, if there is no carcinoma. It is not due to the chemical action of the cancer juice, for the eight cases observed were of non-ulcerated scirrhus. By means of this re-action Von den Velden, in one case diagnosed cancer though every other symptom of carcinoma was wanting, and the autopsy confirmed his diagnosis. In another case, he denied the existence of cancer in a case when all the symptoms of a neoplasm were united and again his opinion was confirmed by the autopsy. In a case in which the liver was affected and the stomach free, the acid did not disappear.

Dr. Edinger, obtained gastric juice by an ingenious method: he enclosed a bit of sponge in a gelatine capsule, attached a piece of string to it, and made his patient swallow it, the string being allowed to hang out of the month. In about 30 minutes the sponge was withdrawn, the capsule having been dissolved and the contents of the sponge squeezed into a proper receptacle may be submitted to examination.—*Le Prog Méd.*

Rhus Toxicodendron in Rheumatic Inflammation of the Sheaths of Nerves and Tendons.—Dr. Gifford recommends *Rhus* in some forms of chronic rheumatic affections of fibrous tissues. Sciatica may be a pure neuralgia of the sciatic nerve or a rheumatic inflammation of its sheath. In the neuralgic form *Rhus* is not *the* remedy; in the rheumatic form, it is of marked efficacy. In the last week in May or the first week in June, he gathers the leaves of *Rhus toxicodendron*, grown in a shady place, and gathered after sunset on a damp, sultry day. They are cut fine and macerated two weeks in 95 per cent. alcohol, in the proportion of one part of leaves to two of alcohol. The filtered liquid is kept in coloured well stopped bottles. This is diluted with pure deodorized alcohol on the decimal scale. Two drops of the third dilution taken night and morning will act beneficially within forty-eight hours on the rheumatic form of the disease. When the pains have abated somewhat, one dose at evening is to be taken till the cure is complete. Dr. Gifford has found one case in which this dose was too large, none where it was too small. *Rhus* poisoning may be promptly and certainly controlled by freely applying *Lobelia inflata* externally, and by small doses of aconite and belladonna internally, given every two hours alternately.—*N. Y. Med. Journal.*

Direct Communication in the Liver Between the Branches of the Portal and Hepatic Veins.—Sabourin finds in the substance of the liver, along the course of the larger divisions of the portal vein, some branches of the hepatic vein which lie in the periportal connective tissue, and, although direct communication between the portal and hepatic veins has not been actually demonstrated by microscopical sections, he is convinced that such actually exists, an opinion to which he was first led by his pathological studies. Claude Bernard also held this view, upon the physiological postulate that the capillaries are not competent to conduct the large amount of fluid carried to the liver during digestion, the greater proportion of which then would flow directly through these large communicating branches from the portal vein into the hepatic. In the intervals of digestion, the blood is prevented from passing through these vessels by a sphincter-like arrangement of muscular fibres and connective tissue, the exact character of which further experiments will be needed to determine. —*Progrès Mèdical*, No. 8.—*Phil. Med. Times.*

Therapeutics of the Nickel Salts.—Prof. J. M. Dacosta, in the *Med. News* has been making some observations upon the effects of salts of nickel in various diseases. He uses principally the sulphate and the bromide, although preparations of the chloride and phosphate have also been tried. The sulphate a greenish coloured deliquescent salt is given in solution in doses of one to three grains, or even five grains frequently repeated. In cases of obstinate diarrhœa it was of apparent benefit, and in one case allayed the pains of sub-acute rheumatism. Its action was generally disappointing. The bromide appears to have the effect of the bromides in general, the dose however, requiring to be much smaller than that of the other bromide compounds. In several epileptics, it secured a diminution of the

fits, but like the other bromides, after a time lost its power. Prof. Da. Costa thinks it worthy of more extended investigation.

Dr. Wolpert (*Monatssch. f. Med. Polytechni*, July 1, 1883,) has invented a simple apparatus, for the purpose of testing the purity of the air, and the same is placed the first time for public inspection in the Berlin Hygienic Exposition of this year. The apparatus consists of a gum ball, a small glass tube fitting into the same, and a common reaction glass, which has a mark ground into it to show how far it should be filled, and the bottom of which consists of milk glass (or glass otherwise clouded) with a bright test-mark, which in this case is the year 1883, *i. e.*, the whole glass and these numbers are clear glass, only the glass surrounding the figures at the bottom is clouded. The test depends upon the well-known effect of carbonic acid upon lime-water. If the test is to be made in a certain room, the reaction glass is filled up to the mark with lime-water; the compressed gum ball is permitted to fill itself with the air of the room through the glass tube inserted, then the latter is placed into the fluid in the test tube, and the air of the ball expelled into the fluid. While in any good air it is necessary to expel the air from the always refilled gum ball into the fluid of the test-tube twenty to thirty times, two to three times are sufficient if the air is bad to make the lime-water so cloudy that the test-sign cannot be read any more. A tabular statement accompanies the whole, from which, according to the number of times the air of the gum ball had to be expelled into the fluid ere the latter became sufficiently cloudy to obscure the test sign, the percentage of carbonic acid the air contains can be determined. For practical purposes, it is sufficient to remember that if the lime-water becomes turbid after ten fillings the air is too impure to be breathed without detriment. If from ten to twenty fillings are needed, the air may be inhaled for a short time; if more than twenty, it is a sign that the air may be considered good.—*Northwestern Lancet.*

Rattlesnake Poison in Tetanus.—A. O. Ameden, M.D., reports in the *Med. News*, a case of traumatic tetanus cured by the hypodermic injection of rattlesnake poison. The tip of the hypodermic needle was dipped into some 'crotaline' and the needle inserted under the skin in the dorsal region. The tetanic spasms and rigidity rapidly lessened and entirely ceased in ten hours. The patient then sleeping quietly for six hours. Thirty hours after the insertion of the poison, rigidity and slight spasms recurred, and a second injection gave rise to alarming prostration and other symptoms of rattlesnake poisoning, but the man recovered and was troubled no more with tetanus.

Cough Mixture.—Now, the effects of opium are both local and general; and if in mucilage of acacia, or tragacanth, or in glycerine, or with a thick solution of confectio rosæ caninæ, or honey, you give frequently from the one fortieth to the one-twentieth of a grain of morphia, you not only give a marvellous amount of peace and comfort to your patient, but, where it is remediable, you tend also to cure the disease. A favourite formula of mine, varied according to circumstances is:—

℞	Liq. morph. acetatis	ʒ iij
	Acidi nitrici dil	ʒ iss
	Oxymellis scillæ	ʒ vj
	Mucil. acaciæ	ʒ iiss
	Glycerini	ʒ ij
	Syr. rhœados	ʒ ij
	Aq. cinnam. (vel. rosæ) ad...	ʒ vj

M. To take one or two teaspoonfuls, five, six, or seven times in the twenty-four hours. The coughing in pertussis may be be similarly relieved.—*Med. Age.*

Beef-tea made red-hot with red pepper is the very best treatment for delirium tremens. A patient to whom I once administered such a dose, made so strong that I would not have dared to taste it myself, afterwards told me that it was the most refreshing and *cooling* drink he had ever taken. A London surgeon to the police told me that he had treated a hundred and fifty cases of delirium tremens with this remedy *alone*, and had not lost one. The use of *chloral* in these cases is criminal, and many a death-certificate of "delirium tremens" ought to be "heart-failure from chloral-poisoning."—*Phil. Med. Times.*

In the science and art of preparing sick diet there is a most lamentable lack of knowledge, especially among physicians.

They know the preparations by name, but not by nature, and the only way to learn the latter is to don the apron and take a practical course from a practical and scientific cook. Such a course was inaugurated last winter in this city and in Boston with a very satisfactory result. The prospect for this season in this city is, that the course will be very well attended. It is the only way to learn. I could read you receipts by the score, but it would be as useless as reading off that many medical formulæ.—*Ibid.*

Dr. I. E. Atkinson (*Md. Med. Journal*) was much pleased with the results obtained when first using picric acid as a test for albumen in the urine. Later, he was surprised to find the reaction for albumen present in the urine of malarious patients, even when heat and nitric acid failed to show it. Following up a hint that this was caused by the presence of the cinchona salts, Drs. Cook and Watkins have embodied the results of their researches in a paper, in which they report that there is no question that patients taking cinchonidia give the same reaction with picric acid as if they had albuminuria.

Etheromania.—M. Sedan relates, in *Gaz. des Hôp.*, the case of a young boy, ten years of age, quick and brilliant intellectually; hard working and persevering, always at the head of his class, who attributed his intellectual success to the habit of drinking ether. He consumed from 20 to 30 up to 1,000 grammes of ether per diem—by the mouth as well as by inhalation. He used to rise from his ethereal drunkenness to solve the most difficult questions of higher mathematics.

The injection of ergotin into the tissue over the spleen does not often give rise to abscess, and the liability to abscess may, I think, be in great measure avoided by painting the part where the injection is made, immediately afterwards, with tincture of iodine.—J. H. Hutchinson in *Phil. Med. Times.*

Dr. W. H. Henderson, of Kingston, has been elected a life member of the Ophthalmological Society of Great Britain and Ireland.

Surgery.

IMMEDIATE TREATMENT OF FRACTURES BY PLASTER-OF-PARIS BANDAGE.

BY CHRISTOPHER HEATH, F.R.C.S.

The object of my paper is to point out that many other fractures besides those of the leg may be most conveniently and satisfactorily treated by plaster-of-Paris bandages or splints, though I prefer the former.

A late American surgeon and friend of mine, Dr. Cowling, of Louisville, published, shortly before his death, three years since, a little book entitled *Aphorisms on Fracture*, of great value from its shrewd commonsense, from which I will venture to make a few brief quotations.

"*Aphorism* 38.—Carved and manufactured splints generally fit nobody, and are to be rejected, as not only expensive, but damaging."

"*Aphorism* 41.—The application of the roller bandage immediately to the skin, whether as a protective or to prevent muscular spasm, has resulted in such disaster, that it is one of the curiosities of surgery how it could be repeated at this day. When cotton is placed *over* such a bandage, it forms an absurdity scarcely credible in a man of ordinary sense."

"*Aphorism* 44.—Continued extension and counter-extension are, as a rule, not necessary to prevent shortening in fractures. This is best done by removing the causes which lead to muscular spasm; first by early and as complete reposition of the fragments as possible; second, by the smooth application of cotton batting to the limb; third, by the equal pressure of a bandage extending from the distal end of the limb to a point beyond the joint above the fracture; fourth, by the accurate fitting of the splints or plastic material for support; fifth, by as little interference afterward as possible."

Mr. Gamgee has for so long advocated in this country the advantages of fixation and compression in the treatment of fractures, that it may appear superfluous to go at all over the same ground again; but my object is to induce surgeons to have more faith in the early treatment of fractures by plaster-of-Paris than appears as yet at all general, and thus to save their patients and themselves an infinity of trouble.

Let me take, as a good example of the treatment, an ordinary case of fractured patella. Every one knows that the joint soon fills up with blood and synovia, which take many days for their absorption, but every one apparently does not know that, if the case be seen before effusion has occurred, it may be entirely prevented by wrapping the knee-joint up in cotton-wadding, and applying a plaster-of-Paris bandage firmly over all. I have treated many cases in this way with only a couple of days' confinement, and believe that I have in some cases got osseous union between the fragments, so firmly are they knit together.

But, if effusion have already taken place, it is easy to get rid of it, if coagulation of the blood have not already occurred, by the use of the aspirator; and, the wadding and plaster being at once applied, no further effusion takes place, and the patient begins to walk about with a stiff knee as soon as the plaster is dry.

Unless a fractured tibia be very much comminuted and bruised, I look upon plaster-of-Paris, applied as soon as possible, as the ordinary treatment to be adopted; and certainly, in Pott's fracture of the fibula, with or without fracture of the internal malleolus, nothing is so comfortable to the patient, or of so little trouble to the surgeon, as a boot of plaster properly applied, with the foot carefully held at a right angle to the leg.

In the fractured thighs of children, I believe better results can be got by the immediate application of plaster-of-Paris over cotton-wadding than by any other method —even than by Hamilton's double thigh-splint with cross-bar, which is very convenient. And here let me venture to controvert a part of one of Dr. Cowling's aphorisms and the routine teaching of most surgical works, viz., that the joints above and below a fractured bone should be included in any apparatus and kept quiet so long as the fracture is under treatment. If a fracture be close to a joint, and *a fortiori* if it involve the articulation, then of course its fixation is essential; but why, with a fracture in the middle of a long bone, we should insist upon crippling a patient by doing our best to give him two stiff joints, I fail to see. With imperfectly fitting splints, it may no doubt be desirable to fix approximately the neighbouring articulations in order to obviate movements which would disarrange the fracture; but how incomplete the fixation is, any one may see who will watch a case of fractured thigh treated with the long splint. To enclose joints unnecessarily with plaster-of-Paris, is to provide cases for the "bone setter;" and I should never include the knee or hip-joints in any ordinary case of fractured shaft of the tibia or femur. Many surgeons have exaggerated ideas of the tendency of muscles to produce displacement. They have some tendency to contract spasmodically immediately after an accident; but this soon passes off, particularly when they are firmly and equally compressed.

The apparatus for the treatment of fractured clavicle are too numerous to mention, and perhaps the simplest and best is Sayre's method with three strips of plaster. But I will venture to say that better results will be got by encasing the patient, with his ordinary jersey on, thoroughly in a plaster-of-Paris bandage, than by any other method. The clavicle being a short bone, it is of course necessary to fix the shoulder-joint by encasing the humerus and fixing it to the side; but it is quite unnecessary to fix the elbow-joint, which should be left exposed, the fore-arm being carried in a sling and used with moderation.

Fractures of the neck of the humerus may be similarly treated, if the axilla be thoroughly padded with cotton-wadding, and without a shoulder-cap, which latter is always cumbersome and very apt to gall the patient.

Fractures of the shaft of the humerus may be treated with plaster from the first, alone or combined with three splints; but fractures low down, and separation of the lower epiphysis in young children, I find best treated by thoroughly flexing the fore-arm upon the chest and maintaining it there with ordinary bandaging.

Fractures of the fore-arm are the only ones which seem to me unsuited for treatment with plaster-of-Paris, and for the obvious reason that there would be great danger of drawing the two bones together. Two simple splints, not too wide, should be applied while the fore-arm is supinated, and then brought by the surgeon into the position between supination and pronation: these answer every purpose, while for Colles' fracture Carr's splint is the best. In fracture of the olecranon,

I am heterodox enough to flex the arm to a right angle and let the patient wear it in a sling, and the result is as satisfactory as if a front straight splint were applied for a month.—*Brit. Med. Journal*

OBTURATOR HERNIA.—Very interesting statistics on this rare affection are to be found in a pamphlet on "Hernia" by Dr. B. Schmidt, published in 1882 as part of Pitha and Billroth's well-known series. The cases where obturator hernia has been diagnosed during life are reduced to twenty-five; of these, seventeen were subjected to operation, eight were relieved by taxis, but only five altogether were saved by the two methods of treatment. Dr. Hasselwander of Hausham, in Bavaria, records in the *Aerztliches Intelligenzblatt* a successful case of operation for strangulated obturator hernia. The patient, a country-woman, aged 65, had suffered for three days from colicky pains, constipation, and flatulence. On two occasions, she had been seized with vomiting. Her appetite was bad, and she felt pain in the left foot.

When first examined, her face showed an anxious expression, her tongue was furred, her body emaciated, and her urine was highly albuminous. The abdomen was distended with flatus. No hernia could at first be detected. There were itching sensations in the left thigh, and numbness in the entire extremity. On closer examination, the depression, plainly marked on the right side, over the adductor longus in Scarpa's triangle, was almost effaced on the left, where the same region was painful on pressure. On deep palpation, an indistinctly circumscribed hard smooth swelling was found on the inner side of the femoral vessels, over the adductor longus. On vaginal examination, fulness could be detected within the left side of the pelvis. Partial reduction was effected; but the symptoms became very serious a few days later, so that an operation at length had to be performed. The adductor longus was laid bare by an incision extending from below the pubes for three inches along the line of its outer border. That muscle was then cleared of the cellular tissue lying in its anterior aspect, and drawn inwards. The fibres of the middle part of the pectineus were divided, and a well-circumscribed swelling was in this manner exposed. The existence of hernia being now certain, the entire incision was enlarged, upon which very troublesome venous hæmorrhage occurred, and it proved difficult to control throughout the remainder of the operation. The external pubic arteries were drawn aside. The swelling was about the size of a pigeon's egg, and very tense; but it fluctuated slightly on pressure. Its surface was of a purple colour. Some strong adhesions were separated by the fingers. By the aid of blunt instruments used with great precaution, the sac of the hernia was opened; its outer layer was aponeurotic; its inner coat consisted of a thick œdematous tissue, easily lacerated. There was no fluid in the sac, and the intestine lay immediately against its inner wall. On widening the incision in the sac by laceration till it became of a sufficient width, the intestine was found to be deeply congested and very tense. The finger was then passed into the neck of the sac, very sharply constricted by the border of the obturator foramen and the ligamentous tissue in the neighbourhood of that region. Incisions were made in the inner and lower borders of the neck of the sac, by means of a straight probe-pointed bistoury. The intestine was then carefully replaced. Only the end of the little finger could be passed into the foramen. The venous hæmorrhage, the depth of the incision, and the lateness of the hour at which the operation was performed, apparently without the aid of any artificial illumination, made the operation very difficult. The wound was covered with an antiseptic plug. The patient passed a motion in the night, and was henceforth relieved from all intestinal troubles, though convalescence was prolonged through suppuration of the wound, the result of the damage done to the cellular tissue in Scarpa's triangle, and its extensive infiltration with venous blood. The patient at the end of six weeks was completely restored to health.—*Brit. Med. Jnl.*

BILLROTH'S IODOFORM DRESSINGS.—Iodoform is employed:

(*a*) As a powder sprinkled over wounds, as upon the perineum, by means of Dr. Wölfler's iodoform duster.

(*b*) As gauze, which may be either (*a'*) dry, "hydrophile," or (*b'*) adhesive. For the preparation of hydrophile iodoform gauze (*a'*), a coarse, unbleached muslin, which has been deprived of its fatty particles, is placed in a basin, washed with carbolic acid, and is sprinkled with iodoform in form of powder

until the cloth assumes a yellow colour, according to the thoroughness of this operation, the gauze contains from ten to twenty per cent. of iodoform. Fifty grammes of iodoform are sufficient to impregnate six and a half metres of muslin. Hydrophile gauze costs in Vienna about eight cents per metre.

For the preparation of the adhesive iodoform gauze (*b'*), the muslin, deprived of its fatty particles, is saturated with a mixture of alcoholic solution of colophonium and glycerin. The gauze is dried carefully and impregnated with iodoform in the same manner as the hydrophile. For six metres of gauze it requires two hundred and thirty grammes of iodoform and one hundred grammes of colophonium, which is dissolved in twelve hundred grammes of ninety-five per cent. alcohol, to which fifty grammes of glycerin are added. This adhesive iodoform gauze costs in Vienna about thirty-two cents per metre.

The chief function of adhesive iodoform gauze is the arrest of hæmorrhage in cases of parenchymatous hæmorrhage.

(*c*) As iodoform-glycerin. This preparation consists of ten to twenty parts of iodoform to one hundred parts of glycerin, and is employed for injection into cold abscesses after the evacuation of pus by puncture or incision.

(*d*) As iodoform-collodium. This preparation is composed of iodoform one part to collodium ten parts, and is used in enormous quantities in the ambulatorium. It is a sovereign remedy for cuts and slight bruises. An ethereal solution of iodoform (one part iodoform, seven parts ether) forms a very convenient covering for syphilitic scleroses, and for mucous patches in the buccal cavity.

(*e*) As iodoform bacilli. The formula for this preparation, as it is found in the pharmacy of the General Hospital, is.

Iodoform. pulv., 20.0;
Gummi arabici,
Glycerini, } āā 2;
Amyli,
Fiant bacilli diversi magnitud.

The value of these bacilli cannot be overestimated when fistulous tracts or inaccessible wound-surfaces are to be medicated. In endometritis, cystitis, pyothorax and certain urethral affections, the iodoform-bacilli are evidently of great worth.

(*f*) As iodoform vaseline. This salve varies in the amount of the drug contained from twenty to fifty per cent., and is used as an application to venereal ulcers.—*Phil. Med. Times.*

Nussbaum's Treatment of Cancer.—Prof. Nussbaum noticed, several years ago, that indolent ulcers of the leg rapidly improved when an incision was made around them, at about a finger's width from their margin, and down to the fascia, the incision being prevented from healing. Not long ago he treated a case of cancer of the mamma, with so strong a tendency to hæmorrhage, that each dressing of the ulcer threatened her life. As the patient was nearly moribund from the frequent loss of blood, Nussbaum surrounded the tumour with a strong subcutaneous ligature, which he drew together with all his strength, and then tied. The patient rallied completely. Not only was the hæmorrhage arrested, but the tumor decreased to one-quarter its size, and the ulcer began to cicatrize. The patient's strength rapidly increased. Nussbaum, therefore, now proposes completely to prevent the feeding of these tumours by their peripheral nutrient vessels. The blood which supplies the tumour through its base is sufficient to keep it stationary, whilst it does not absolutely starve it. In order to accomplish the desired interruption of the supply from the periphery, Nussbaum urges the formation of a furrow around the tumor, down to the fascia, about one centimetre wide, not with the knife, however, but with the thermo-cautery. In the abovenamed case a tubercle had not been included in the ligature. Nine months after the application of the latter, this tubercle had grown, and had thus reached the tumor of the mamma, which tumour had meanwhile become quite solid. The tumour now began to grow again, and even to bleed. Nussbaum, therefore, surrounded all the isolated tubercles with a deep furrow, and their growth evidently stopped. Six weeks later they were still shrinking. Nussbaum thinks that the thermo-cautery or the actual cautery is much more useful than is generally believed. The subjective condition of the patients, their strength and appetite, are much better after an operation with the cautery than with the knife; the wound heals quicker, except in cases where approximation by sutures can be employed

after knife operations; and relapses are much delayed. Nussbaum ascribes these advantages partly to the absence of loss of blood, and partly because the nerves and blood vessels, being covered with cicatrix, are protected from the influence of the air. —*Physician and Surgeon*, July, 1883. *Phil. Med. News.*

Anatomy, Surgery and Hygiene of the Rectum.—In an article with the above title published in the *American Practitioner*, July 1883, the author, Dr. Joseph Eastman, concludes with the following advice:

1. That the rectal anatomist dispense with his drawings exhibiting the rectum distended, or borrow the contracting powers of Thomas and add one with it closed.

2. I would urge the rectal surgeon (for purposes of diagnosis and operation) to utilize the expansive genius of Sims in throwing the rectum open.

3. I would urge humanitarians to insist that at least one-third as much time be given to unloading the alimentary canal that they take in filling the same.

4. I believe it is the duty of philantrophists and sanitarians, especially such as are so anxious to serve on boards of health, to see that water-closets invite, not repel. Health boards should inspect every store, factory, and place of business, to see that clerks and employees, male and female, have such privacy and privileges of access to closet accommodations as the importance of the case demands.

5. I would beseech of doctors, philantrophists, sanitarians, and all others interested in humanity, to teach on all proper occasions the pernicious consequences of carrying a load of feces in the bowel until it is absorbed, and its odor escapes from the emunctories of the skin, or adds to the not infrequent unpleasant aroma of the human breath.—*Md. Med. Jnl.*

Sawdust Dressings.—H. P. Symonds, in the *Lond. Lancet*, uses coarse sawdust as a surgical dressing. The sawdust is soaked in a 1 in 10 solution of absolute phenol and spirits of wine, and then allowed to dry slightly. When used it is enclosed in a bag made of several layers of gauze, and applied outside the deep dressing—the usual external dressings being placed over it. The sawdust then takes the place of the padding of loose gauze. Its absorbent power is very great, and it keeps up equable pressure. The three great points in its favour are—its powerful antiseptic property when saturated with carbolic acid, its great absorbent power, and its adaptability to any surface. The sawdust should be coarse, as, if fine, it may pass through the gauze and irritate the parts.

Bleaching Sponges.—The following process was, says *New Remedies*, devised by Mr. John Borham, and has been in use in Bellevue Hospital for a considerable time:

Soak the sponges, previously deprived of sand and dirt by beating and washing, in a one per cent. solution of permanganate of potassium. Then remove them, wash them thoroughly with water, and press out the water. Next put them into a solution of one-half pound of hyposulphite of sodium in one gallon of water, to which one ounce of oxalic acid has been added, and leave them in the solution for fifteen minutes. Finally, take them out and wash them thoroughly. By this treatment the sponges are rendered perfectly white. Many sponges contain a more or less dark-colored, brownish core. If treated only with permanganate and acid, the core is either not bleached at all or if it has been somewhat bleached, the tint is apt to grow again darker. By the above modification, every portion of the sponge is rendered white, and remains so. —*South. Clinic.*

Occlusive Mixture:—

Camphor	℥ ss
Mastic resin	℥ i
Balsam of Peru	℥ ss
Sandarac resin	℥ xx
Sulphuric ether	℥ x
Alcohol	℥ x

Dissolve the resins in the mixture of alcohol and ether, shake frequently, let it settle and decant. Wet a bit of cotton in this solution, introduce it into the cavity of the carious tooth, and press it in.—*L'Union Méd.*

Bleeding by Aspirator.—Charles Coppinger, F.R.C.S.I., writes to the *Brit. Med. Journal* as follows:—In a case where venesection was indicated, and where the friends of the patient objected and were horrified at the operation, I introduced the needle of the aspirator under the skin of her neck

into her left external jugular vein, which was much distended, and four ounces of blood were withdrawn without difficulty. In half-an-hour I repeated the puncture, and drew off in the same fashion the full six ounces which the aspirator was capable of holding. The patient recovered, and neither she nor her nervous lady friends in the room had any idea she was bled until the matter was subsequently explained to them.—*Md. Med. Journal.*

At the French Association for the Advancement of Science, M.M. Mallez and Napoli presented an instrument designed to graphically record upon paper, the exact size and contour of a body in the depth of a cavity which can be reached by the finger only.

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, NOVEMBER, 1883.

THE MEDICAL SCHOOLS OF CANADA.

The number of medical students in Canada is evidently larger than ever before. We hear the same story of increased numbers from all sections *blessed* with Medical Schools. The schools in Toronto are perhaps increasing faster than those of any city in the Dominion. The Toronto School has probably the largest class of freshmen ever known in a Canadian School. Trinity has also received a large accession, and the consequence is that the buildings of both institutions are rather crowded. The General Hospital also feels the pressure, there being over three hundred already registered.

As usual there was a regular opening lecture delivered in all the schools.

TORONTO SCHOOL OF MEDICINE.

The opening lecture was delivered by Dr. J. H. Richardson, on Monday, October 1st. There was a very large assemblage composed of medical students, physicians of the city, including the staff of the Toronto School and several members of the Trinity staff, a number of clergymen of all denominations, and many ladies.

The learned Doctor was received with unbounded enthusiasm by the students. After making some remarks upon the subject of Evolution, he spoke more particularly to the students. As compared with the past, he thought the students of the present were a better class in many respects. He referred to the importance of the purely scientific branches, but thought more attention should be paid to them before commencing the study of medicine proper.

TRINITY SCHOOL OF MEDICINE.

The large lecture room of this school was well filled with an appreciative audience, on Tuesday, October 2nd, when Dr. Sheard delivered the introductory lecture for his school. Although the Doctor was already feeling to some extent the effects of the blood poisoning, from which he was afterwards prostrated, he certainly showed no signs of weakness. His excellent address was well received by all present.

M'GILL MEDICAL COLLEGE.

The McGill opening took place October 2nd, but instead of choosing a member of the Faculty, the Faculty invited one of their most distinguished alumni, Dr. Workman, of Toronto to deliver the opening lecture. The Doctor complied, and gave an address worthy of himself in the lecture hall of the Redpath Museum.

The Bishop's College, Montreal, School of Medicine, and the Montreal branch of the Medical Department of Laval University, commenced the regular work of the session, October 2nd.

Dr. Lavelle, the Dean of the Kingston Medical School, delivered the opening lec-

ture, October 2nd. This school has a larger class of freshmen than usual.

MEDICAL DEPARTMENT, WESTERN UNIVERSITY, LONDON.

A very able introductory lecture was delivered in this school, which is now entering its second year, by Dr. Buck, Superintendent of the London Asylum.

THE WOMAN'S MEDICAL COLLEGE, OF TORONTO.

This Institution was opened October, 1st. when its President, Dr. Barrett, delivered the inaugural address of its first session. A very suitable building has been purchased, convenient to the hospital, which will accommodate about twenty-five or thirty students, which will amply suffice for the present. There are five students in attendance. A number of those who expected to attend this year have delayed for the purpose of preparing for matriculation.

THE WOMEN'S MEDICAL COLLEGE, OF KINGSTON.

This College commenced its regular work in the second week of October. The citizens of Kingston have been very generous in their offers of assistance, and one lady of Toronto is giving substantial aid. There are about ten students, including the Kingston students of last year.

HARVARD MEDICAL CENTENARY.

On the 17th October last the Medical Department of Harvard University celebrated the 100th anniversary of its foundation and at the same time dedicated its new building on the corner of Boylston and Exeter Streets. The building is a plain solid brick structure, four stories in height, with a frontage on Boylston Street of 122 feet, by 90 feet on Exeter Street, and cost $300,000, the gift of numerous friends. The past century has given the school an association with great names, and an honourable history. The future, opening under favourable auspices, with excellent teachers, commodious and well fitted laboratories, improved methods and increasing skill and knowledge, presents a vista of boundless possibilities. The centennial celebration took place in Huntingdon Hall in the Institute of Technology, above Boylston Street, a short distance from the new school building. An immense concourse of lay and professional friends was present. On the platform were seated President Eliot, Prof. O. W. Holmes, Prof. Bigelow, Mayor Palmer, ex-Mayor Green, President F. A. Walker of the School of Technology, the Faculty of the School and many invited guests, amongst them were Sir Wm. McCormac and Dr. Lyon Playfair, of London, Drs. Barker, Marion Sims, Agnew, Dalton, Draper, Shrady, F. R. Sturgis, of New York; Dr. Mullin, of Hamilton; Dr. Aikins, of Toronto; Drs. Howard, Osler, and F. W. Campbell, and Prof. T. Sterry Hunt, of Montreal; and Dr. Atherton, of Fredericton. President Eliot delivered an address of welcome, and was followed in a sparkling and brilliant oration by Prof. Oliver Wendell Holmes in which he dealt with his usual felicity with the history, the utility and the prospects of the school at three dates chiefly: 1783, 1833, and 1853. At the conclusion of this oration a presentation was made to the college of a portrait of Prof. Holmes, and a bust of Prof. Bigelow on behalf of the Alumni. The ceremony of dedication of the new building was then proceeded with, after which lunch was served and the building inspected. In the evening a reception was given by the faculty to the guests of the day at Young's Hotel.

PRIVATE ASYLUM FOR ONTARIO.

The Homewood Retreat Association for Insane Persons and Inebriates, is to open its asylum in the City of Guelph some time this month. The design is to afford accommodation for such unfortunates amongst the upper and wealthier classes. The special comforts and advantages of such an institution it has hitherto been necessary to seek elsewhere. The Retreat is situated in the outskirts of the City of Guelph upon twenty acres of land suitably located and

in every respect well adapted for the purpose. The primary arrangements have been made for the accommodation of fifty cases, twenty-five of each sex, who will be under the immediate care and supervision of Dr. Stephen Lett, presently of the Toronto, and formerly of the London Asylum for the Insane, with Dr. Joseph Workman as consulting physician. This statement is sufficient recommendation to the Profession of the Province. The Board of Directors has at its head J. W. Langmuir, Esq., the well-known late Inspector of Asylums for Ontario. The managers have sought for and obtained an excellent Board of Statutory Visitors and Inspectors, composed of the Provincial Inspector of Asylums, the Judge of the County Court of Wellington, the County Warden, and the Clerk of the Peace, and a local physician nominated by the government.

Under these auspices we bespeak a prosperous and useful career for this Institution, and hope to see the inebriate department in time develop into an agency of great and lasting good to this Province.

AMERICAN PUBLIC HEALTH ASSOCIATION.

The American Public Health Association will hold its Eleventh Annual Session at Detroit, Michigan, commencing Tuesday, November 13th, 1883, and ending Friday, November 16th.

The subjects which have been chosen for special consideration at that time are:—

1. Malaria.—Its etiology and the methods for its prevention in localities or in persons, its American history, its specific particles, its origin, the conditions of its pervasion, its laws of extension, etc.

2. Foods.—Their adulterations; healthy or deleterious modes of preservation and the function of legislation in regard to them. Ascertained facts as to adulterations in this country. Facts as to canned goods, condensed milk, artificial butter and cheese, prepared meats, etc.

3. Vital Statistics. Methods and results; defects apparent. How far foreign modes of tabulation are to be followed. Systems of collection and classification. Race vitality and the care of population as indicated by statistics.

4. The Control and Removal of all Decomposable Material from Households.—The mechanical laws, constructions, and appliances relative thereto. The construction of all inside pipes and their connections, their traps, and syphonage, flushing, ventilation. How they shall be connected with out-door receptacles, and yet be free from ill effect.

Methods and systems of Physical Education, drill, etc., feasible in the school-room, will be discussed. While papers of merit on other topics are by no means excluded, it is believed wise to concentrate the preparation of papers and discussion upon these topics.

The Executive Committee insists that a synopsis of the papers to be offered, and statement of the time required for reading, be sent to the secretary by Oct. 15th, and that the paper complete be in the hands of the secretary at least three days before the meeting, having been sent by mail or express either to his office at Boston, or care of Dr. Wm. Brodie, Detroit, Mich., after Nov. 9th.

The Executive Committee feels warranted in saying that the meeting promises to be one eminently inviting and profitable, and urges the attendance and co-operation of physicians, engineers, architects, teachers, and all those interested in the advancement of public health and physical well being.

An eminent professor of mathematics of Glasgow University, recently proved (to his own satisfaction) the existence of a seventh sense, the magnetic sense. The other six being sight, hearing, taste, smell, heat and force. If there is not a magnetic sense it is a very great wonder that there is not.

THE TORONTO SCHOOL OF MEDICINE MEDICAL SOCIETY.

The first meeting of this society for the present session was held in the lecture-room of the school building, on Friday evening, October 19th. There was a good attendance of the members and friends of the society, including members of the Faculty, graduates of the school and a number of ladies.

Dr. J. E. Graham, President of the society, opened the meeting, and Dr. Adam Wright, was elected Chairman for the evening. Dr. Graham then read his inaugural address in which he gave a very interesting account of the history of medical education in Toronto.

After the thanks of the society had been given to the President, short addresses were delivered by Drs. Richardson, Workman, Sheard, H. H. Wright, U. Ogden and George Wright. Dr. Reeve intimated that he would give two prizes of ten dollars each, one for the best dissection of the lymphatic system, and one for the best essay on diseases of the lymphatic system. Several college songs were sung by the students during the evening.

Additions will be made to the library. and for that purpose, the president commences the list with a subscription of twenty-five dollars.

MEDICAL SCHOOL DINNERS.

The students of the two schools in Toronto are now making arrangements for their annual dinners. The Toronto School dinner will be given in the Queen's Hotel, on Tuesday evening, November 13th. The officers elected by the students are:—Chairman, Mr. J. W. Patterson, M.A.; 1st Vice-Chairman, Mr. H. Bascom; 2nd Vice-Chairman, Mr. Charles Hodgetts.

These dinners appear to be growing more popular every year, and the students feel quite confident that the gathering will be larger this year than ever before. It is hoped that a large number of the graduates will be present. Nothing pleases the members of the faculty more than to see a large number of the faces of former students.

The Trinity students expect to have their dinner, November 20th. Mr. Bingham will be Chairman; Mr. Hoople, 1st Vice-Chairman; Mr. Roberts, 2nd Vice-Chairman.

PERCENTAGE ON PRESCRIPTIONS.

The Toronto *Telegram* has again referred to this subject, and says, "It is a common practice in Toronto—so common that the exception would be noteworthy." We think that our contemporary, which is generally very fair towards the Medical Profession, goes too far in fastening this charge upon such a large portion of the physicians of this city; and yet we have to acknowledge with regret that many, from whom we have a right to expect better things, take a commission from their druggists. We have expressed our views on this subject before, and have to repeat now that there is nothing to be said in defence of the pernicious custom; and we, therefore, endorse all the strictures of the *Telegram* on the practice. The bonus given varies from 20 to 35 per cent., 25 and 30 per cent. being very common, and some practitioners are so anxious to make what they can out of it that they actually order their patients to go miles in some cases to the "proper" drug store because "no reliable druggists live in the neighbourhood." The conduct of both doctors and druggists is quite indefensible, but, considering all the circumstances, infinitely worse for the former who, for the sake of the few cents they gain, compel the latter to act as they do.

The Bordeaux courts gave judgment in a curious case recently. A Dr. Lajartre sued a woman for 1,500 francs, fees for an operation for artificial fecundation performed upon her. The woman put in a counter-claim for damages for an ulterior uterine disease caused by the operation, to which Lajartre replied by accusing her of produc-

ing an abortion after the operation. The court in its judgment commented strongly upon the iniquity of the operation and on the grounds that the operation was not successful, was not conducted with proper scientific precautions, and was subversive of the dignity of marriage, and liable to become in case of abuse, a social danger, disallowed Lajartre's claim, at the same time censuring him severely for revealing professional secrets even beyond what the law demands. In the case of the damages claimed by the woman, and the counter charge of Lajartre of abortion, the court thought it very unlikely that a woman, who was so desirous of becoming a mother as to submit to such an operation, would immediately afterwards attempt to procure an abortion, and therefore rejected the counter charge, but as by submitting to such practices she exposed herself to the situation in which she was placed the court decreed that it would be sufficient reparation for her to have the costs of the trial paid by Lajartre.

The *Journal de Médecine de Paris* coincides with the judgment of the court in disallowing Lajartre's claim and in severely censuring him for revealing professional secrets. But thinks it has destroyed the import of its judgment by surrounding it with commentaries which exceeded its competence and which could not bear scientific examination. The *Journal* thinks the operation of artificial fecundation an operation infinitely more practical and less dangerous than most of the surgical methods proposed by American surgeons.

While in the main agreeing with the observations of the *Journal de Médecine*—that the decision rendered by the tribunal was just, and that it went beyond its jurisdiction in making commentaries upon the operation—we think the *Journal* went out of its way to cast an unmerited slur upon American surgery.

There are at present registered at the Toronto General Hospital 325 Medical Students.

At various times we have taken occasion to remark upon the growth of Physiological Science, and to advance the opinion that the Physiology of the present day cannot be properly taught without a competent teacher, and that a teacher to be competent will require to devote his whole time, and whatever of energy he may have, to the task of keeping abreast of the progress of that branch of study. Professor Huxley in his address at the London Hospital Medical College, so exactly falls in with our way of thinking that we cannot refrain from transcribing the following from a report of his address in the *British Medical Journal:* "I will undertake to say it is hopelessly impossible for any man at the present time to keep abreast of the progress of physiology, unless he gives his whole mind to it, and the bigger the mind is, the more scope he will find for it; and, if he is to teach, then, inasmuch as the study has now become practical—and very properly so—this also will involve a large expenditure of time. Now the fact is, you cannot support people in frittering their power away among ten or a dozen places. If students in their first year were taught in two or three central institutions the "Institutes of Medicine," it would be perfectly easy to have those subjects taught thoroughly and effectually by persons who gave their whole mind and their whole attention to them; while, at the same time, the Medical Schools and hospitals would remain what they ought to be, great institutions in which the largest possible opportunities are laid open for practical acquaintance with the phenomena of disease. So that the earlier half of the medical education would take place in the central institution, and the final half be devoted altogether to practical studies in the hospitals. I happen to know that this conception has been entertained not only by myself, but by a great number of persons who are most interested in the improvement of medical study, for a considerable number of years; but I do not

know whether anything will come of it this half century or not; but the thing has to be done. It is not a speculative notion; it lies patent to everybody who is accustomed to teach, and who knows what the necessities of teaching are; and I should very much like to see, as a first step, people making up their minds that it has to be done somehow or other."

Brigadier-General Charles H. Crane, late Surgeon-General of the United States Army, died in Washington, on October 10th. The cause of death is stated to have been hæmorrhage from the base of the tongue, supposed to have been due to rupture of the lingual artery. He was fifty-eight years of age. He was a native of Rhode Island, and entered the army in February, 1848. He rose rapidly through the various grades, until in March, 1865, he was made Brevet Brigadier-General for meritorious services during the war, and finally on the retirement of the late Surgeon-General Barnes, was made Surgeon-General, with the rank of Brigadier-General. He was honoured and esteemed socially and officially. Regret at his loss is general and unalloyed. The question of his successor has already been discussed, and various names have been mentioned as likely to receive the appointment. Amongst a number is that of Colonel Baxter, Chief Medical Purveyor at Washington, a man of high social position. He was brought prominently before the public at the time of President Garfield's death. Another name mentioned is that of Dr. J. S. Billings, of world-wide reputation.

The Legislature of the State of Connecticut, (*New England Medical Monthly,*) has passed a bill regarding coroners similar to that in force in Massachusetts. By it, the coroner, who must be an attorney-at-law, appoints in each town of his county a medical examiner, to whom all cases of sudden death are reported. On investigation, if the death appears due to natural causes, he makes the usual return to the Registrar of the County, receiving therefor a fee of five dollars. Every case is reported to the coroner, who if necessary orders an inquest, the autopsy, for which the fee is fixed at twenty dollars, being performed by the medical examiner; if further chemical, or microscopical examination is required, the coroner may order it, the fee being paid by the State. By the new act the duties of the coroner are simplified, and the ends of justice expedited.

The *British Medical Journal* supports the popular side of a discussion which has lately been freely carried on in Great Britain, respecting the short-comings of certain railway companies. The *Journal* says:—"If all railway trains kept time, the death rate of the country would fall to a perceptible extent, and if the comfort of travellers was adequately provided for, we should have much less sickness and disability than we have at present. There is no more common cause of colds, bronchitis, and pleurisy in this country, than exposure to the weather in ill-constructed stations, while waiting for unpunctual trains or to draughts in ill-constructed railway carriages." The *British Medical Journal* would doubtless marvel at the tenacity of life exhibited by Canadians, could it wait for a few hours in one of our stations for an "unpunctual train."

The *Columbus Med. Jour:* is not very charitably disposed towards the good people of Cincinnati, if we may form an opinion from the following:—"Cincinnati seems to be in a bad way. Her new Board of Health consists, according to the *Lancet and Clinic*, of five saloon keepers and a quack doctor—the latter having, as one of his advertised specialties, a peculiar operation for the restoration of lost virginity. The doctor may be a thoroughly efficient sanitarian—we never heard of him before—but his operation so

manifestly supplies a long felt want, in Cincinnati, that we fear he can hardly find time for the proper discharge of his official duties."

THE city of Bunzlau, in Silesia, in the 16th century, had an abundant and continuous water supply, the water being obtained from large springs near the city, and led in pipes to many of the houses. The waste, containing refuse and sewage matter, was conveyed towards the river in drains, "hidden passage-ways under the earth." After leaving the city these were continued as open ditches, and the farmers proceeded to irrigate their meadow lands with the sewage. The *Sanitary Engineer* contains a very interesting account of this ancient city and its modern system of water supply and sewage irrigation.

ON Saturday evening October, 27th, a meeting of the professors and students of Trinity Medical School was held in their commodious theatre for the purpose of organizing a Literary and Scientific Society. The officers elected were as follows: President, Dr. Charles Sheard; Vice-President, E. H. Williams; Secretary and Treasurer, F. H. Brennan; Committee, Dr. Teskey, J. S. McCullough, G. A. Bingham, J. McClung, — Dickinson. It was determined that during the winter session the meetings of the society should be held fortnightly in the Lecture Hall at 8 p.m., on Saturdays. At the first regular meeting of the society on Saturday next, the President, Dr. Sheard, if his health permits, will deliver an introductory address.

AT a meeting of the New York County Medical Society, on October 22nd, Dr. H. H. Kane was expelled from the society by a unanimous vote.

AT the same meeting the new Code was upheld by the election of D. S. Oakley Vander Poel, President; Dr. Andrew H. Smith, Vice-President; Wesley M. Carpenter, Secretary; Charles H. Amy, Assistant-Secretary; O. B. Douglas, Treasurer; and a board of censors, of Drs. Sturgis, Webster, Lewis, Drake, and Joseph W. Howe. There were 599 votes cast. Dr. T. G. Thomas was the unsuccessful candidate of the old code party for president.

A club and refreshment room for the accommodation and convenience of the students has been instituted at Guy's Hospital. The industrious student can there obtain a midday meal without going out to the neighbouring coffee houses or taverns. The entrance fee is nominal, and the food cheaper and better served than can be obtained elsewhere. The club was opened as an experiment last winter, its popularity has greatly increased and a large number of the students avail themselves of its advantages.

THE *Philadelphia Med. Times*, after fourteen years of successful existence, has passed under the sole editorial control of Dr. Frank Woodbury. New departures in the way of quarterly summaries of the Progress of Science will add to our semi-monthly pleasure in receiving this most excellent periodical.

It is expected that a Medical College will before long be established in Winnipeg. An Act of Incorporation will be applied for at the next meeting of the Manitoba Legislature.

WILLIAM SAUNDERS, of London, Ont., has been made the recipient of a gold medal for his distinguished researches in entomology. The donor was the Prince of Mantua and Montjerra, Italy.

AT the New York Academy of Medicine the new code was sustained by a vote of 121 to 92.

"*Tempora mutantur NEC nos mutamur in illis.*"

DR. JAMES A. SEWELL, of Quebec, Dean of the Medical Faculty of Laval University, died on October 2nd, at the age of 78.

Dr. Theophilus Parvin delivered the inaugural address at the Jefferson Medical College, Philadelphia, at the opening of the fifty-ninth annual course of lectures. He chose as the subject of his theme, "The Genius of Medicine." In a most scholarly production he analyzes his subject, finding the Genius of Medicine to be Scientific, Progressive, Catholic, in principle and practice, Beneficent in the cure and in the prevention of disease, Heroic and finally Reverent, as Morgagni said, "The more I study anatomy, physiology, pathology and pathological anatomy, the better I know God, the soul, and its immortality."

It is not generally known, according to the *Maryland Med. Jnl.*, that M. Ernest Hart is Editor of the *London Medical Record* as well as of the *British Medical Journal.*

Personal.

Dr. and Mrs. Beatty, of Cobourg, celebrated their golden wedding on Saturday, October 6th.

Dr. Workman, of Toronto, spent two or three days in Montreal at the time of the opening of McGill.

One of Dr. K. & K.'s Physicians, a licensed practitioner, was chastised in Kincardine by an enraged husband whose wife had been insulted by the worthy *cure-all.*

Dr. Oliver, formerly Brigade Surgeon in the Regular Service, and resident of Halifax for some years, has commenced practice in Toronto.

Dr. W.H. Aikins, son of His Honour the Lieut.-Governor of Manitoba, has decided to leave Winnipeg, and has joined the *noble army* in Toronto.

Dr. S. Stewart has resigned his position as First Vice-President of the Toronto School of Medicine Medical Society, because his appointment as Surgeon on the Canada Pacific Railway will prevent his presence in Toronto during the early part of the winter.

Dr. Chas. Sheard, Professor of Physiology, at Trinity Medical School, who has been suffering from the effects of a wound received while conducting a post-mortem examination, after a period of considerable suffering, is, we are glad to learn, on the high-road to recovery.

Dr. J. Lawrance Smith, of Louisville, Kentucky, died on October 12th, in the sixty-fifth year of his age. He was a most distinguished scientist. He was elected to the membership of the Academy of Sciences of France, an honour bestowed, says the *Louisville Medical News*, on no other American. He was a member of numerous scientific societies, American and European.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

~~Regular meeting~~, Septe~~mber~~ 27th, 1883.

~~After the reading of the minutes, Dr. Carson, of Gerrard street east, was proposed for membership.~~

Dr. Riddel, ~~then~~ presented notes of a very interesting case, with ~~the~~ specimen.

~~The patient~~, Miss C, æt 40, fell and injured her spine in 1875, but recovered without apparent bad effects. In 1877, she began to have difficulty in passing her urine, when examination revealed a tumour at the left side of the uterus, which, by pushing the bladder over to the right, partially occluded the urethra. Treatment for the relief of the unpleasant symptoms caused by the tumour being of little use, an exploring needle was used to determine the nature of the enlargement. As it seemed to be fibroid in character, anæsthesia was produced, an incision made just above the pubes, between the recti muscles, and the growth incised in several directions. Little blood was lost. The tumour gradually disappeared as a consequence of the operation, the pains ceased, and the urine was passed naturally.

Five years afterwards, ~~viz., in~~ 1882, Dr. R, was again called, and found a large hernia at the site of the wound made at the former operation. A truss was applied with only partial benefit; a few months later she complained much of what appeared to be sciatica.

~~At the end of 1882~~, a tumour appeared in the *right* iliac region, and, a short time

afterwards, one below Poupart's ligament, on the same side. January 1st, 1883, Dr. Aikins, saw her in consultation with Dr. Riddel, and considered the tumours to be malignant in character.

In August last, the distension of the abdomen having become extreme, the trocar was used, very much venous blood escaping. As a consequence, the enlargement disappeared to a great extent, but the patient gradually sank, the tumour became gangrenous, and death took place about seven days after the operation.

The autopsy revealed the tumour occupying the right half of the abdominal cavity, the intestines being displaced to the left. It consisted of a sac filled with decomposed blood, the walls containing several spiculæ of bone. The right half of most of the lumbar vertebræ were necrosed, also the entire sacrum, the right ilium, and a portion of the right pubis, neither bladder nor uterus was seen.

In the discussion which followed the reading of the paper, the President remarked upon the close resemblance of the tumour described to an hæmatocele.

Dr. Reeve then presented a polypus removed from the posterior nares, together with a modification of Jarvis' snare devised by himself for such operations. In removing the growth both anterior and posterior illumination were used, by this means the wire could be placed on the pedicle with certainty. The snare should always be used in ordinary nasal polypi in preference to the forceps. After treatment it is of importance in preventing recurrence, the best method being cauterization by nitric acid. These points had been exemplified by Dr. Reeve in a paper read by him at the Medical Association in 1876.

Dr. Ferguson showed a specimen from a case of necrosis of the femur.

The following history was given.—Five years ago, a lad, æt 9, was suddenly seized with severe pain on the inner and lower part of the right tibia. Abscesses formed, and during the following two years many spiculæ of bone were discharged; October, 1882, he was first seen by Dr. Ferguson. There was now pain and swelling of the lower end of the femur. The use of a probe revealed bare bone, expectant treatment was employed, and gradually a large piece of bone was detached. This was so loose in February, 1883, as to allow of removal. It proved to be the entire diameter of the femur, and about three inches in length. The newly-formed bone could be felt grooved like a trough. The boy can now walk, and there is no shortening.

Case II.—A lady, æt. 70, slipped and fell. The result appears to be some obscure injury. She can slowly elevate her head to an erect position; but if extension takes place beyond the perpendicular, control is lost; it drops suddenly backwards, intense pain being caused as far down as the sacrum.

A conversational discussion ensued on these two cases. In regard to the latter the President was inclined to consider the injury to have been cerebral.

The following gentlemen have promised to read papers before the Society:—

October 11th, Dr. Ryerson and Dr. Ferguson.

November 8th, Dr. Mackenzie and Dr. Nevitt.

December 6th, Dr. Graham.

Dr. Reeve and Dr. McPhedran will read papers after New Year.

Moved by Dr. Duncan, seconded by Dr. Reeve, "That Dr. Ferguson and Dr. McPhedran, be a committee to suggest books, which may be obtained by the Public Library." Carried.

The meeting then adjourned.

Regular meeting, October 11th, 1883.

In the absence of the President and Vice-President, Dr. Covernton, was called to the chair.

Dr. Carson, was elected to membership.

Dr. Oliver, was proposed as a member.

Dr. Babington, of Halifax, N.S., being present, was invited to take part in the discussions.

Dr. Ferguson, was then called on to read his paper on "The Local Origin of Cancer." The object of the paper was to show that cancer arises as a local disease, and from some form of irritation or injury.

Dr. D. Clarke, in discussing this paper expressed the opinion that only the tendency to it, not cancer itself can be transmitted from parent to child. The same remark applies to all other diseases—no actual disease descends.

Dr. Cameron, asked if Dr. Clarke considered the statement just made correct in regard to syphilis.

Dr. Clarke replied in the affirmative.

Dr. Oldright, considered that the hereditary tendency to cancer and to syphilis could not be compared. While the essayist had held that cancer only comes by irritation, no one will pretend that syphilis is thus caused. He also referred to the fact that some authorities now hold peculiar ideas in regard to non-malignant tumors. Many now admit the possibility of secondary growths resulting from them. A case in point was given. If this view were admitted, one of the most important points of difference between malignant and non-malignant tumors was removed.

Dr. Cameron suggested that in a case such as mentioned, the tumor was sarcomatous.

Dr. McPhedran pointed out that the essayist had given the irritation of menstruation as a cause of uterine cancer. How did he account for cancer of the cervix, its mucous membrane not being shed at menstruation?

Dr. Ferguson considered that the irritation of engorgement was sufficient to account for it.

Dr. McPhedran could not agree with this explanation.

Dr. Cameron said that uterine cancers in virgins are found in the body, those of married females in the cervix usually. In the main he agreed with the opinions expressed in the paper just read.

Dr. George Wright mentioned the case of an unmarried female, the hymen being perfect, in which the cancer was cervical. He could not agree with Dr. Ferguson's paper. He still holds the theory of a cancerous diathesis. How can the fact of a blow producing cancer in one and an equal injury resulting negatively in another, be accounted for, except by such a theory?

Dr. Ferguson.—Because there is greater power of resistance in one than in the other. But repeat the blow sufficiently often, and cancer will be the result.

Dr. Covernton could not agree with Dr. Ferguson's views.

Dr. Macfarlane remarked on the curious fact that a prominent citizen of Toronto had smoked for forty years without developing cancer, while that gentleman's father had never smoked, yet had been operated on for epithelioma.

Dr. Reeve held that sarcomata may be successfully removed. He would insist on the early removal of all doubtful growths. The notion held by some that the removal of a tumour causes secondary growths is entirely erroneous.

At the close of the discussion the chairman announced that next meeting would be devoted to cases in practice, pathological specimens, etc.—Adjourned.

Midwifery.

Rupture of Uterus.—While referring to the subject of obstetrics, it may be of interest to recall two cases of rupture of the uterus which have occurred in Braun's wards during the past three weeks. In both instances the patients were brought to the hospital in a state of collapse some time after the accident. In the first case (a neglected transverse presentation) the fœtus had partially escaped into the abdominal cavity. Turning and extraction were promptly effected, and two large drainage tubes were introduced into the cavity

through the rent in the posterior uterine wall, their ends being allowed to protrude from the vagina. No other treatment was employed except the use of morphine and ice-compresses (the latter being considered here the best prophylactic against peritonitis.) The patient has completed her third week without a bad symptom. The second patient was brought to the hospital yesterday in a moribund condition after ineffectual attempts had been made to deliver by the high-forceps operation. Turning and extraction were performed with difficulty, owing to a narrow anterior conjugate. The woman died a few minutes later, in spite of attempted restoration by transfusion. At the autopsy an extensive rupture of the left lateral wall of the uterus was found extending through the cervix and vagina.—*N. Y. Med. Jnl.*

First Coitus Attended by Extensive Laceration of the Wall of the Vagina, and Followed by Profuse Hæmorrhage.—Dr. Mundé was called yesterday to see a girl, twenty-two years of age, whom he found pallid and anæmic from the loss of blood. She had been married the night before, and but a single connection had taken place. It was not attended by severe pain nor by immediate hæmorrhage, but some hours afterward she observed bleeding from the vagina, and sent for a physician, who gave ergot, but without benefit. He made no examination. Then another physician put ice into the vagina, but also without stopping the hæmorrhage. Dr. Mundé examined the hymen for the source of the bleeding, but found that it came from a point higher up. Introducing a Sim's speculum, the vagina was seen to be ruptured on the right side for a distance of about two inches and a half, extending from one inch above the entrance up into the right fornix. The uterus was retroverted. He assumed that there was a disproportion between the male and the female organ. The bleeding was checked by firm tamponade with cotton. Two years ago he had attended a case of profuse hæmorrhage from rupture of the hymen up into the vagina along the urethra during first coitus, in which tamponade also was required to check the bleeding.—*N. Y. Med. Jnl.*

Maternal Impressions.—Dr. T. C. Poole, Mansfield, Texas (*Medical Brief*, June, 1883), reports the following case: On April 17th his sow gave birth to eight fully developed pigs. Having by accident been present, noticed the ninth as it was expelled; from its peculiar shape and color, curiosity was aroused, and on examination it was found to have the appearance of an elephant It was destitute of hair, having a proboscis, with dependent ears, two eyes behind, upper two thirds of proboscis closely approximated yet distinct, an abnormal superior maxillary with two or three large teeth, with a long, thin upper lip, with shape and color of an elephant. The sow's gestation lasts three months and twenty days. The impressions were made within five days after conception. On Christmas Day the male was with her; on the 29th of December a menagerie exhibited at our town, had an elephant staked about three hundred yards from lot where the sow was, and in full view. The case is, however, one of atavism, as the pig descended from the proboscidæ, and this was a reversion to its early ancestors. While there is no essential improbability in the maternal impression theory, the explanation of the case as an atavism is much more probable.—*Gaillard's Med. Jour.*

Couvreuse or Glass Mother.—Dr. Tarnier in 1878, seeing in operation a mechanical apparatus for hatching and rearing chickens, applied the idea to the rearing of infants especially those of premature birth. In 1880 a *couvreuse* was made for the Maternité. It consisted of a box lined with sawdust and divided into two compartments, the lower one to contain water which was heated by a small boiler and lamp placed outside the box, the upper to contain a cradle for the reception of two infants. The top is covered with glass through which the infants and a thermometer placed between them can be constantly observed. The temperature is usually kept up to about 86° F. when the water is once warmed it is only necessary to light the lamp three or four times during the day. The box is preferably heated when the infants are being washed and dressed. The apparatus is suitably ventilated by orifices in the sides. The great difference in temperature ensures a considerable draught of cool outer air which is warmed before reaching the upper air chamber, the infants in their cradle and by their clothing are further protected from

draughts. The children are apparently not more subject to colds than those reared in the ordinary way. The success attending this method of nursing has been so great that it is proposed to provide a *couvreuse* for every Hospital in France. A portable apparatus capable of being conveyed by hand from house to house has also been made for private practice. The *Lancet* from which this account is taken suggests that perambulators with a nursing attachment will be the next in order.

THE TRIBULATIONS OF A COUNTRY OBSTETRICIAN.—"I was on duty at the Hospital Saint Antoine. One night, about one o'clock, I was awakened to receive a paient. She brought with her in her arms an infant that was nearly naked. I received her as an urgent case. The next day she gave me her history; but I will let her speak for herself: 'I am a very gay person, sir. I love the ball. I have not absented myself during my pregnancy, which yesterday passed the seventh month. At ten o'clock last evening I was one of the first at the dance, near the Place du Trone. I did my best. After several country dances I felt pains. So much the worse, said I, if it is coming this evening, as I have not reached my full time. I will leave the ball as late as possible. But the pains continued. The more I suffered the more I danced. In the *cavalier seul*, which at our balls leaves the ladies to dance alone, seized with sharp pains, I made some astonishing contortions while dancing. I had a remarkable success. Then the *gallop* followed, in which I seized my partner with a vigour I did not know I was capable of, when suddenly the waters broke. The accident was observed, but was attributed to a different cause. The jokes rained on me. I tried to escape; they pursued me. I ran out; they followed me. I passed down the Boulevard Mazas; some thirty of them were at my heels. Where the Mede Charenton branches off I climbed over the board fence of a wood-yard. Fortunately, my pursuers had lost track of me. I sat on the ground; it was time; the child came five minutes afterwards. I have wrapped it up in my handkerchief; and small as it is, I think it will live.' She was right; both mother and child did well, and she left the hospital ten days later without any disagreeable complication."—*Gaz. Méd. de Picardie.—Am. Med. Ass. Jnl.*

MM. Moursou and Schlagdenhauffen have examined the amniotic fluid from some of the lower animals, and found in them in addition to the normal salts a *ptomaïne* capable of producing symptoms of poisoning. They then turned their attention to the human amniotic fluid. Their search was successful, they found a *ptomaïne*. Further researches will have to be made into the subject before any very practical results will be shown.—*Jour. de Méd.*

INSTRUMENT CASES.—"Formerly (and frequently to-day) instrument cases were generally of wood, covered with leather, and lined with velvet. We cannot deny that a box of that character, handsomely finished in Turkish morocco, ornamented with metallic corners and plates, lined with some rich material of bright color, with rows of glistening instruments arranged in close order, is a very pleasing sight (to the surgeon). But this bright picture has its shadows; the handsome velvet retains dirt too readily, and the luxurious interior of the box is absolutely opposed to a radical cleaning, and to an antisepsis in harmony with the doctrines of modern surgery. The simple box of wood has now come into vogue, and we have seen them of such handsome wood and superior workmanship as to rival their elders. A wooden box should be sufficiently well made to be plunged with impunity into an antiseptic solution, and to sustain thorough cleanings with brush and sponge."—*Am. Med. Ass. Jnl.*

THE USE OF VASELINE TO PREVENT LOSS OF ALCOHOL FROM SPECIMEN JARS.—In a paper with this title, by Professor Burt G. Wilder and Dr. Simon H. Gage, of Ithaca, N. Y., attention was called to the fact that the petroleum preparation termed vaseline was known to be practically unaffected by ordinary temperatures and by most substances.

In the "Journal of the Chemical Society" for July, 1882, p. 785, it was said to be sparingly soluble in cold, strong alcohol, and completely in hot, but to separate out on cooling. After trying various substances—wax, paraffin oil, and glycerin—with but partial success, the use of vaseline was suggested by the two authors independently and nearly at the same time. The experiments tried last spring indicated that during three months, at ordinary spring and summer temperatures, there was no appreciable loss of 95-per-cent. alcohol from glass phials or

jars, whether upright or inverted or on the side, provided the corks were smeared on the bottom as well as on the side. Ground-glass stoppers were anointed and firmly inserted, and the rubber rings of fruit jars and the specimen jars made by Whitall, Tatum & Co., were coated on both sides and the covers well screwed down. The authors had also used the vaseline for preventing the loss of other liquids, including chloroform and oil of turpentine; as a lubricator of drawers, and to prevent the sticking of the covers or stoppers of cement phials; and for the prevention of rust upon steel instruments. *N. Y. Med. Jnl.*

Book Notices.

Diagnosis of Ovarian Tumours. By Edward Borck, A.M., M.D., St. Louis, Mo.

Registre Médical du Collége des Médecins et Chirurgiens de la Province de Quebec. 1883.

Announcement of the College for Medical Practitioners, at St. Louis, Missouri, Session 1883-4.

The N. Y. Post-Graduate Medical School. Announcement of the Second Year. Session 1883-4.

Second Annual Announcement of Coll. of Physicians and Surgeons of Chicago, Session 1883-4.

Prospectus of the New Metropolitan Opera House, New York. Mr. Henry E. Abbey, Director.

Remarks on Hydrophobia. By Charles W. Dulles, M.D. (Reprint from *Phila. Med. Times.*)

Announcement for the College of Physicians and Surgeons of Ontario for the Academic year 1883-4.

Minutes of Quarterly Meeting of State Board of Health, at Lansing, Mich. Henry B. Baker, M.D., Sec.

On the Pathology and Treatment of Certain Forms of Nerve Weakness. By C. L. Dana, A.M., M.D. (Reprint from *Medical Record*).

Weekly Health Bulletin and Meteorological Reports for Ontario. By P. H. Bryce, M.A., M.D., Secretary Provincial Board of Health.

Report of Board of Health for State of Louisiana, from Jan. 1st, 1882, to July 1st, 1883. By Joseph Jones, M.D. Notice later.

A Tracheotomy Tube for Gradual Withdrawal and Report of a Case. By H. F. Hendricks, M.D., of St. Louis. (Reprint from *St. Louis Med. and Surgical Jnl.*)

Report on Diseases of Women from the First Congressional District. By R. J. Nunn, M.D., Savannah, Ga. (Reprint from *Trans. Med. Assoc. of Georgia*).

Note on the Use of Hydrobromic Acid in Nervous Affections. By C. L. Dana, M.D. (Reprint from *Jnl of Nervous and Mental Diseases.*)

Weekly Bulletins of Health and Meteorological Reports published by the Ontario Board of Health. P. H. Bryce, M.A., M.D., Secretary.

The Work of Health Officers, and of Local Boards of Health, in Michigan, including duties under Laws Amended and Passed in 1883. By Henry B. Baker, M.D., Sec.

Manitoba Crop Bulletins, Nos. 4 and 5, from the Department of Agriculture, Statistics and Health, Winnipeg. September 24th, and October 4th, 1883.

Check List of Insects of the Dominion of Canada. Compiled by the Natural History Society of Toronto, July 1883: W. Brodie, L.D.S., and J. E. White, M.B.

Medical Education and the Regulation of the Practice of Medicine in the United States and Canada. Compiled by the Illinois State Board of Health, 1883.

Weekly Bulletins of Health in Michigan, with the Meteorological Reports, and Monthly Mortuary Statistics for the City of Lansing, issued by State Board of Health. Henry B. Baker, M.D., Secretary.

Weekly Health Bulletins and Meteorological Records State of Michigan and Monthly Mortuary Report for City of Lansing, September, 1883. By Henry B. Baker, M.D., Sec. State Board of Health.

Clinical Notes on The Curability of Neurotic Pyrexia, with special reference to, A Personal Narrative of, and the Treatment of Opium Addiction, Opium Addiction amongst Medical Men. By J. B. Mattison, M.D., Brooklyn, N.Y.

Transactions of the Michigan State Medical Society for the Year 1883, containing the Recording Secretary's Minutes, President's Address, several papers on various topics, and a sensible poem, by Dr. E. B. Ward, of Laingsborough, entitled *Pro Bono Professionis.*

Working Bulletins for Scientific Investigation of Kamala and Koosso as Anthelmintics, Euphorbia Pilulifera, Abrus Precatorius and Guarana, with notes on Burdock Seeds, Oleates, McDade's Formula for Syphilis and Liquid Ergot. Normal from the Scientific Department of Parke, Davis & Co., manufacturing Chemists, Detroit, Mich.

Report for 1882-3 of H. A. Newton, Director to Board of Managers of Observatory in Yale College; and Report of Astronomer in charge of the Horological and Thermometrical Bureaus.

From this report we gather that during the last year 5,140 clinical thermometers have been tested at the Observatory, as compared with 3,811 and 1,667 in the two preceding years: thus shewing a considerable increase in the good work done in behalf of clinical medicine by the Observatory. We make no reference to the other excellent work accomplished as beyond our sphere.

A Text Book of General Pathological Anatomy and Pathogenesis. By Ernest Ziegler, Professor of Pathological Anatomy, in the University of Tubingen. Translated and edited for English students by Donald Macalister, M. A., M. D., New York: Wm. Wood & Co., 1883.

This is the July number of Wood's Library Series for 1883. We have already favourably reviewed the English orginal of the work as published by McMillan & Co., and the mere statement of its inclusion in this series will, therefore, at the present time suffice.

Handbook of Electro-Therapeutics, by Dr. Wilhelm Erb, Professor in the University of Leipsig. New York: William Wood & Co. Toronto: Willing & Williamson.

This is the June number of Wood's Library of Standard Medical Authors. The name of Wilhelm Erb is a sufficient guarantee of the excellence of the book. Dr. L. Putzel, who translated the original work, has done full justice to the distinguished author. While there is much that is mysterious and unsatisfactory about Electro-Therapeutics, still we must recognize its great value in both diagnosis and prognosis, as well as in treatment; and to those who appreciate this fact, this treatise will be found one of the best available on the subject.

Directions for Preventing the Spread of Asiatic Cholera. Issued by the Provincial Board of Health of Ontario.

At the time when reports of the ravages of cholera in Egypt were appearing daily in the secular press, some members of the Board of Health for this Province prepared a pamphlet, and held it in readiness to be sent broadcast through the Province if cholera should appear on this continent. Happily, this contingency did not occur, and the pamphlet remained in reserve till the last regular meeting of the Board, when it was decided to print it, and along with it a "Description of Hospitals for the Isolation and Treatment of Contagious Diseases;" but only to strike off a small edition sufficient to supply the ordinary correspondents and recipients of the literature of the Board.

The combined pamphlet is about to be sent out to the members of the Medical Profession, Municipal Officers, and others. A few were distributed at the Isolation Hospital of the Board, at the Industrial Exhibition.

As regards the appearance of this pamphlet we may make the same remark as is made in it, when referring to the measures advised for preventing the appearance and spread of the disease: "It is well to remember that whatever steps may now be taken, they will be repaid tenfold in the lessening of the amount of disease in general, even if cholera should not visit us. But should it appear amongst us, it may be a life-long regret to many that such necessary means were not taken in time."

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S. With an Introduction on General Anatomy and Development, by T. Holmes, M.A., Cantab. The drawings by H. N. Carter, M.D., with additional drawings in later editions. Edited by T. Pickering Pick. A new American from the Tenth English Edition, to which is added, Landmarks, Medical and Surgical. By Luther Holden, F.R.C.S., with additions by Wm. W. Keen, M.D. Philadelphia: Henry C. Lea's Son & Co. Toronto: N. Ure & Co., 1883. Price (in cloth) $6.

Gray's Anatomy is too well known wherever the English language is spoken to need commendation to the medical public. Indeed it is greatly to be feared that by far

too large a proportion of American medical students have learned all they know of the anatomy of the human frame from this great work. We do not hereby mean to imply that we would discourage the use of Gray; but there is another book—the book of Nature—which should first be diligently studied, whereof Gray is a reflex and compendium to be used merely as a reminiscent and assistant. This last edition presents all the merits of its predecessors with some of its own in addition. Every one should have it, and value it by using it as not abusing it. The liability to abuse lies not so much in the book itself as in short-termed curricula and high pressure graduation. Holden's Landmarks are without a peer, and their embodiment in the volume was greatly in the student's interest.

A Pocket Book of Physical Diagnosis of the Diseases of the Heart and Lungs. For the Student and Practitioner. By Dr. Edward T. Bruen. Second edition. Revised, with additional illustrations. Price $1.50. Phila.: P. Blakiston, Son & Co. 1012 Walnut Street.

The title page of this *multum in parvo*, takes cognizance of the fact that the physician needs brushing up on physical diagnosis and silently classes him with the student. This is no doubt a matter of common observation in the city of Brotherly Love, of Polyclinics, and Post-Graduates, —and here in Canada—here well—we, are no better off. Our magnificent schools also fail, sometimes, in turning out physicians *ad unguem*. Occasionally a student keeps his four terms, passes his examinations, takes his degree, and precipitates himself upon a too confiding public to find that he is lacking in just that amount of requisite polish which books of the nature of the one under consideration can give, and we are thankful to have it at hand.

Dr. Bruen divides his work into two parts, Of the Lungs, and Of the Heart and Pericardium, preceding the whole with a comprehensive introduction describing the thorax and its contained viscera and closing with tables of reference touching the dimensions of the healthy heart taken from Dr. Peacock's Croonian Lecture.

We can heartily commend the work to our readers, feeling sure that they will find in it information which they seek, facts which they have forgotten, and perhaps some things they have not known.

Miscellaneous.

Anatomy may be considered as a subject not lightly to be laid aside during the whole period of college life, and no man has yet acknowledged that he has dissected too much. The purely scientific studies being disposed of, the subjects which next most profitably engage attention may broadly be said to embrace the theories and principles upon which all but the most empirical medicine is based. Now is the time when the scientific physician takes shape: when a knowledge of organic function, whether physiological or pathological, is obtained; when the principles, apart from the practice, of medicine and surgery can be taught, and the foundations laid deep and strong for the gradual rearing of a goodly building, the stones for which will be picked up in the last or third stage of the course, when a practical acquaintance is made with disease. The sound physiologist readily profits by the teaching of the pathological laboratory, and, provided with such knowledge, passes easily into an acquaintance with the laws underlying all pure medicine and surgery, as well as the actions of drugs in health and disease. It is perhaps difficult for the student adequately to recognise the importance of teaching, which to his eyes seems but distantly connected with the cure of disease; but it is at the particular stage in his studies which we have now reached when general principles can be laid hold of, and the scientific method made applicable to the whole work of his future career both at college and in practice. The difference is here established between the class of men who subsequently become animated posological tables, backed by a set of "cures" for the various ailments, and the modern ideal physician in whose mind's eye is a picture of disease in which all details are found, and embracing the pathological state as well as suggesting the most rational treatment. With a mind trained to observation and reflection, and a thorough acquaintance with the general doctrines applicable in the healing art, the student will find the third, or directly practical, part of his course an easy matter. He must then devote himself to the steadfast observation of disease at the bedside and in the out-door department of his hospital; he will accustom himself to accuracy and speed in the use of his senses and the various

aids which science has placed in his hands; his constant care must now be given to learning the methods by which disease is met, whether by the physician or the surgeon and, in short, "clinical" study must now have his chief attention. To a student who knows his anatomy dislocations and fractures are easily understood and remembered; the man who has an intelligent conception of brain function, even as now known, and has handled an atheromatous artery or a roughened valve in the deadhouse, is easily taught the leading features in a case of apoplexy, and a knowledge of therapeutics at once indicates the appropriate treatment. It is impossible to make an accurate division of the curriculum such as has here been sketched; there must be considerable overlapping of subjects. But the spirit of the method should be conserved, and the result will be less of the perpetual cram and more of the genuine reflection which is characteristic of the cultured student.—*Lancet.*

The Polyclinic: Not the first time, by twenty centuries! The following is in the *Medical Times* and *Gazette*, of April 7th, 1883, taken from the *Lyon Méd.*: "The little son of my porter having fallen ill, I enquired about him, and learned that he was being attended by a doctor living a long way off, although one resides on the premises. Expressing my surprise, the father said, 'Well, what is to be done. M——is, perhaps, a good doctor, but I have no confidence in him.' How so? 'Why, you see,' replied the porter lowering his voice, 'He gives advice gratis.'"

The following, from the Talmud, is more terse: 'Asya bim'gan bim'gan shaveh,' which is Arabaic, and being interpreted, meaneth 'The physician who cures for nothing is worth nothing. Similarly, in 'King Lear' we have:—

"'*Kent.* This is nothing, fool.'

"'*Fool*, Then 'tis like the voice of an unfee'd lawyer.'"

Aunt Towzer is delighted to hear that the Princess Beatrice has got cured of her rheumatism by her visit to Aches les Pains. "Not as I can make it out," said the dear old lady reflectively, "seeing as them as goes to the bad generally goes to the *douche*."—*Funny Folks.*

One Dr. Basso, who had presented himself at Pensacola, for the purpose of curing yellow fever with a nostrum was attacked by the disease and died in two days.

A Boston clergyman, in his Fast Day sermon, made use of the following expression in the course of remarks on the arts of the demagogue: "But what cares the declaimer save to get the clap and persuade the ignorant who pin their faith on his sleeve." A contemporary suggests in such connection that rhetorical boldness in the use of figurative expressions should be chastened by a reasonable familiarity with technical or colloquial terms. According to Webster, clap signifies a striking together of the hands to signify approbation, but as a colloquialism it means something reference to which is not strictly proper in the pulpit.

A professor was examining a medical student in physiology once upon a time, and the young man being nervous, failed utterly to answer the first question put to him, which was a very simple one. "Bring this gentleman a bundle of hay for his breakfast," remarked the disgusted professor to one of the attendants. "Bring two—the professor and I will breakfast together," added the student, who had suddenly regained and asserted his self-possession.—*New. Eng. Med. Monthly.*

The Indiana *Medical Journal* relates the following compliment paid Dr. Ferry by an Irishman, who credited the doctor with saving his life: "You see, sur, I had a complication of diseases, an' two other doctors did be working on me for some time, an' I was in a mighty bad way, an' the two doctors they gave me up an' wint away, an' thin me friends they sint for Dr. Ferry, but he had another engagement an' didn't come."

A certain physician used to say in his lectures on croup: Gentlemen! if you have a case of true membranous croup—and it gets well—*it's not croup.*

Birth.

RYERSON.—On October 21st, the wife of G. S. Ryerson, M.D., of a son.

SUTHERLAND.—On October 9th, at Winnipeg, Man., the wife of Dr. Sutherland, of a daughter.

Married.

BRYSON—LOGAN—On Monday, October 1st, at Port Hope, W. G. Bryson, M.D., of Port Arthur, to Eliza Caroline, second daughter of the late John Logan, of Hamilton.

SPENCER—MICKLE—On Wednesday, October 3rd, Bertram Spencer, M.D., of Toronto, to Edith, fifth daughter of the late Chas. Mickle, of Guelph.

THE

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TORONTO, DECEMBER, 1883.

Original Communications.

DYSTOCIA DUE TO A VAGINAL CICATRIX.

M. WALLACE, M.B., TORONTO.

Mrs. S., æt. 27; Russian; a strong muscular woman, was seized with the pains of labour on the evening of September 5th, 1883. I saw her for the first time at 11 p. m. when she had been in labour for about two hours. The pains were severe, and she was losing blood freely. I immediately made a vaginal examination. The finger on entering at the depth of an inch and a half encountered a dense resisting band of tissue situated transversely in the vagina, attached to the anterior wall beneath the pubic arch, and extending upwards and backwards into the hollow of the sacrum. It was raised above the level of the surrounding tissues in front about half an inch and in breadth about three-fourths of an inch, posteriorly it was not so prominent, and separated in a fanlike manner into three or four ridges which joined similar prolongations from the opposite side. The lumen of the vagina was narrowed so as to barely admit the tips of three fingers, leaving a narrow slit-like opening in the median line. Through this orifice with hard rigid edges, the finger encountered the os well dilated, the membranes protruding, and the head presenting in the first position. The membranes were immediately ruptured, and the pains soon increased in severity. The head descended until it pressed upon these bands when its progress was arrested. After waiting some time, the pains continuing forcible, and the hæmorrhage, contrary to my expectations, continuing to be profuse, and the head remaining fixed, I sent for assistance. Dr. Nevitt arrived about one a. m. Following his advice I waited about an hour longer, and then perceiving that the head had not advanced, and the hæmorrhage was still considerable, chloroform was administered, the bladder emptied, and the forceps applied. Strong traction was made during the continuance of the pains, and the head began to press down upon the cicatricial bands which grew tense and thin with sharp wire-like edges. Posteriorly, when the bands were thinnest and most stretched, the finger-nail was used to scratch through that one which offered most resistance. After an hour's hard pulling one of the bands gave way with a perceptible noise, and soon afterwards the child was delivered. The dense broad band under the pubic arch was apparently not softened or dilated by the passage of the head, the dilatation being at the expense of the cicatrix on the lateral and posterior vaginal walls. The placenta and membranes were immediately expressed by Credé's method. The hæmorrhage was pretty free, but the uterus contracted well, and it was soon controlled. Carbolised water was immediately injected, the vagina carefully and thoroughly explored and lacerations searched for. Beyond a slight tearing through a cicatricial band on the

left lateral wall of the vagina towards its posterior portion, none could be found. This laceration was not apparently of a serious nature, but seemed to be merely through the cicatrix, and not to reach the vagina proper. The child was still-born, and had apparently been dead for some time, as the skin was macerated and the cord purplish in colour, and so soft in consistence as to tear on lifting it.

Fifteen minutes after the expulsion of the placenta the woman had an attack of vomiting, but afterwards was very comfortable; her pulse was good; she was free from pain, and had no hæmorrhage. The vomiting was attributed to the chloroform, of which she had taken a considerable quantity.

On calling the next day I found her fairly comfortable, except that she had vomited once or twice. I advised her to suck small lumps of ice, and gave her small doses of bismuth and pepsine. The vagina was washed out with a solution of carbolic acid. The next day the vomiting continuing I ordered a mustard poultice to the pit of the stomach.

On returning the same evening I found the vomiting still going on, about every couple of hours. I then prescribed drop doses of vin. ipecac with bismuth and pepsine, with no better result, and on the following evening (third day) on finding the vomiting still persistent I tried atropine with morphine, which at once quieted the stomach, and the relief continued during the fourth day; but the retching commenced again on the fifth day. During all this time there was scarcely any elevation of temperature; the bowels had acted nicely, and the vagina had been washed out every day with the carbolic solution; above the band that had remained, the accumulation of discharges of blood and debris were removed by the finger, before the nozzle of the syringe was introduced. This accumulation was always exceedingly fœtid and disagreeable, and could not be removed except by using the finger.

On the fifth day a consultation was called and Drs. Barrick and Nevitt met me. There was a good deal of pain in the left inguinal region, tenderness extending down the left thigh, over the femoral vessels, but there was no hardness over these, and no swelling—nothing to indicate phlegmasia beyond the tenderness. Scarcely any change was made in the treatment; she continued to vomit as usual but the appetite became improved and about the seventh day she began to convalesce very well, with occasional vomiting.

On the ninth day, about 7 o'clock in the morning, they sent for me, and when I arrived I found she had lost quite a quantity of blood, per vaginam, of a pure red (arterial.) The flow had ceased when I arrived, and consequently, I left her quiet, giving directions to have her left at perfect rest, and kept cool, no noise or visitors. She felt well all this day, and the next, the tenth day, she sat up awhile, and also felt well all night until she got up; early on the morning of the eleventh day I was sent for. They stated she had got up and fainted. When I came to the house I found her in a state of collapse; quite cold; face pallid and ghastly; rapid breathing; lips blue, and finger-nails blue; pulse not perceptible at the wrist. I diagnosed internal hæmorrhage, or heart clot, and sent for Dr. Barrick; but, notwithstanding the exhibition of stimulants, she expired at 2 p.m. No post-mortem.

This woman could speak no English, and was surrounded by people who could give no information of her previous life or habits. It was not until the fourth or fifth day after delivery that her husband appeared, and gave the following history:—The woman had been delivered of two children previously. On each occasion the labour had been tedious and difficult, and had been terminated with the aid of instruments; the children were still-born. At her second labour she had suffered severely, and her recovery had been slow; for weeks

she lay in bed expecting death, but had eventually convalesced.

She was for a long time unable to hold her water, which continually dribbled away from her. This, however, ceased in time, and she became pregnant with her last child.

I was not able to obtain a post-mortem examination. The diagnosis halted between thrombosis and hæmorrhage—possibly from some undiscovered laceration of the vagina or uterus. The latter was carefully sought for, and if present, would scarcely have escaped observation. The symptoms closely corresponded to the account given by Playfair of thrombosis, and I am inclined to consider that this was the immediate cause of death. The case has many points of interest, which, unfortunately, I am not able satisfactorily to elucidate. What was the cause of the free ante-partum hæmorrhage? Would it have been more scientific to have incised the cicatricial bands instead of allowing them to dilate, and aiding this action by the application of the forceps? In view of the fact that the cicatrix was dilating, and that the forceps did not prevent incisions later if required, I think the course pursued was rational and proper. The cause of the vomiting was obscure. Coming on immediately after recovery from anæsthetisation it was attributed, of course, to the chloroform. But why should it persist? There was no marked elevation of temperature, and no chills, and the pulse not greatly disturbed, nor the appetite interfered with. The symptoms, progress, and mode of death, were not diagnostic of septicæmia.

FIBRO-MYXOMA.

BY WM. OLDRIGHT, M.A., M.D.*

At a time when there is so much research and discussion as to the etiology, pathology, life, and classification of tumours, it has occurred to me that it might be profitable to show and make a few remarks on one which I assisted in removing, and which was placed at my disposal by Dr. Ball, of Toronto, the gentleman who requested my assistance in the case.

History.—Mrs. G., of middle age, had noticed a "lump" growing in the thigh for several years; she could not say definitely how long, but at any rate it was five years or more since she first noticed it. It had caused no pain, but great inconvenience from its weight, size, and situation.

It was situated in the upper and inner aspect of the right thigh; was semi-elastic and lobed. Our diagnosis was that it was either fatty or fibroid.

Its removal was attended with greater loss of blood than I have usually met with in the removal of tumours similarly situated. The blood was dark in colour, and flowed from veins which ramified in the connective tissue which held the lobes of the tumour *in situ*. These lobes were three in number: two of them were partially separated from the third by the adductor brevis, which was found crossing the tumour. Two of the lobes were found to occupy a large cavity below the adductor, and the other a cavity above that muscle. They were connected together by a somewhat organized mass of connective tissue of fibrous character, some of the bands of it being of a yellow colour.

During the operation, we were obliged to stop to arrest hæmorrhage by compression, and plugging the cavity first emptied with cold sponges and maintaining firm pressure for a short time. The cavities alluded to had been formed by the slowly increasing pressure of the lobes of the tumour, and remained quite distinct after these had been enucleated; they were separated by a distinct ridge arising between them. I may remark, *en passant*, that the existence of these cavities prevented any attempt at union by the first intention, and that they necessitated semi-daily washing out by in-

* Read before the Surgical Section of the Dominion Medical Association.

jection of carbolic solutions. The woman made a slow but good recovery.

The operation was performed about a year and a half ago; and I am informed that a fresh tumour has formed and is growing with greater rapidity than the other—at least its growth is noticed more.

The form of the tumour and the mode of connection of its lobes to each other and the surrounding tissues, I have described already. Its colour was a pinkish or reddish white, with a semi-gelatinous or mucoid appearance, approaching in parts a resemblance to the tissue of the umbilical cord, but not so white. It weighed about seven pounds.

Histology.—Sections were made by my friend, Dr. Graham, in connection with his class, and were found to consist, as described to me by him, of fibrils, and in their interspaces polygonal, nucleated cells, with processes running from them. I regret that I was not able to bring these sections with me, owing to Dr. Graham's recent absence from town.

Mr. Foster, an undergraduate in medicine, made for me some sections the day before I left home, but as they appear to have been taken from a portion of the tumour which does not so well show the myxomatous characteristics, I will wait, and hope to show on a future occasion to those whose interest may be such that they might desire to watch the history of such cases, the sections first referred to, together with those which I expect will be made of the tumour yet to be removed.

I show, however, two of the lobes of the tumour, the third being in Dr. Graham's possession.

I will not add much to the remarks already made in speaking of the history and histology of this case, especially as this latter point will no doubt be discussed by gentlemen who have made a special study of the histology of tumours, and one of whom has made and examined sections of this tumour; and another of whom has told me that he has recently been much interested as to the etiology and causes of recurrence of these and other similar tumours.

On this latter point, as one of great practical importance to the operating surgeon, I would say a few words.

It is stated by Dr. Packard, of Philadelphia, in his revision and annotation of the labours of Paget, Moore and Langstreth, in Holmes' Surgery, that: "Myxomata must be looked upon as non-malignant growths. That they produce death directly, either from the organs in which they are situated, *e.g.*, the brain, spinal cord, or their membranes, or from their enormous size, when in other situations, is true, but they show no tendency to the metastatic involvement of other organs, a feature so constantly observed in malignant growths. They frequently exhibit a very obstinate tendency to local return after extirpation, and this peculiarity does not seem to be due so much to any failure in the operative treatment as to a persistent and inherent tendency of the surrounding connective tissue, and this tendency is more striking when the original tissue is developed from adipose tissue . . . Pure myxomata show less tendency to return than the mixed growths."

I would draw special attention to this last remark of M. Packard. I may add that, in the case referred to, the lobes came out clean, and that after their removal and the suppression of hæmorrhage, and during the time of waiting to see that they did not return, and to allow of glazing of the surfaces, we took plenty of time to examine carefully that no portion of the growth was left behind.

I may add, that by some it is thought that the tendency to return is supposed to be due to an infiltration—entirely local—of the surrounding connective tissue with the mucoid elements originally concerned in originating the growth.

HARVARD CENTENNIAL.*

J. A. MULLIN, M.D., HAMILTON.

The Dominion was represented by Drs. Howard, Osler, F. W. Campbell, of Montreal; Atherton of New Brunswick; Dr. Aikins of Toronto School of Medicine. With the latter he had the pleasure of travelling from Niagara to Boston. He spoke of the pleasure they had enjoyed in listening to the eloquent address of Dr. Oliver Wendell Holmes, which was delivered before a large and select audience in the Hall of the Technological Institute. Near the lecturer were seated Sir Wm. MacCormac, Dr. Lyon Playfair, Dr. Marion Sims, the elder Dr. Bowditch and the distinguished surgeon Dr. Jacob Bigelow, Drs. Dalton, Fordyce Barker, and Shrady of New York; and representatives of the profession from Philadelphia, and a large number of States. The representatives from the Dominion were honoured with seats on the platform.

Dr. Mullin referred to certain parts of the address in which the orator spoke of the honoured members of the profession in Boston who had instituted the Medical College, and of those who had been prominent in conducting it to its present distinguished position; to the family of Warren, which name in four generations had been honourably associated with the destiny of the Harvard Medical School. The first was Dr. John Warren, a younger brother of Dr. Joseph Warren who fell at Bunker Hill to whom Dr. Holmes alludes in these lines, in one of his poems:—

"And I heard through all the flurry, Send for *Warren*, hurry, hurry;
Tell him, here's a soldier bleeding, and he'll come and dress the wound.
Ah, we knew not till the morrow told its tale of death and sorrow,
How the starlight found him stiffened on the dark and bloody ground!"

He directed attention to that part of Dr. Holmes' address which refers to the splendid collection in the Museum left by the late Professor John Collins Warren, and where he said there "was formerly a small scrap said to be human skin which had been subjected to the tanning process, and which was not the least interesting of the series. I have not seen it for some time, and it may have disappeared, as the cases might happen to be open while unscrupulous strangers were strolling through the Museum." Perhaps this was the quarter whence came a certain specimen lately exhibited to catch the popular vote, though fortunately without success. He also referred to the closing part of the address, in which is described in eloquent words, the new building into which the white light pours from all points upon the student of science, situated in the midst of other noble edifices devoted to Science, Art, and Religion.

Dr. Mullin then gave an account of a hurried visit by Dr. Aikins and himself to the Boston City Hospital, which in its general plan, and the position of the several wards bore a marked resemblance to our own Hospital; here they were very courteously received by Drs. Cheever and Eddy and the house-surgeons, and had an opportunity of passing through several of the pavilions and noticing the excellent arrangements for ventilation; they also witnessed the operation of tracheotomy by the surgeon Dr. Cheever, for the relief of a child that had been brought in a few moments before suffering from croup. Shortly afterward on entering one of the rooms in the pavilion constructed for the admission of cases of infectious disease, they found the child in bed breathing an atmosphere of steam which was supplied by an ingenious contrivance connected with one of the steam radiators that heated the room.

They also visited the Massachussets General Hospital, which, under the direction of the able House Surgeon, Dr. Whittemore, is one of the best managed hospitals on this continent. They had the good fortune to be present when Dr. Bigelow arrived in company with Sir William Mac-

* Abstract of an Address read before the Hamilton Medical and Surgical Society.

Cormac and Dr. Lyon Playfair. They were afterwards joined by Drs. Shrady, of New York; Osler and Howard, of Montreal; Dr. John Collins Warren and other prominent surgeons of Boston. Dr. Bigelow performed his operation for crushing a stone, and washed out the fragments, using the instruments and apparatus which that surgeon described in an article that appeared in the American reprint of the *Lancet* for January, 1882. Drs. Bigelow and Whittemore passed through several of the wards, showing also the apartments for the nurses in a separate building, which provided very happily a sleeping apartment for each, and cosy parlours where they may assemble when off duty. Dr. Bigelow conducted them to the theatre, where post-mortem examinations are made in the presence of the students, and showed the excellent arrangements by which this room was ventilated and maintained free from mortuary exhalations.

Dr. Mullin then distributed amongst the members catalogues of Harvard Medical School, which had been kindly sent to him by Dr. Wm. P. Whitney, curator of the anatomical museum, calling attention to the admirable arrangements for the prosecution of medical studies provided in the new building, which, at an expense of about $300,000, had been erected and equipped by generous subscriptions of the citizens of Boston and presented to the Medical Faculty. He spoke of the pleasure and profit with which he had visited the museum, and referred particularly to a beautiful collection of wax models illustrating, with life-like fidelity, various diseases of the skin. He called attention to the admirable course of study pursued in Harvard Medical School, where students are conducted in successive years through the various branches of medical education; to the manner in which certain studies are allotted to each year; and to the large amount of practical work through which a knowledge of the different branches is acquired; and spoke of the course as one well worthy of our imitation.

He concluded by referring to the many courtesies which the members of the profession from this Dominion had received from Drs. Warren, V. P. Bowditch, Chadwick, Whitney and other members of the profession in Boston, and to the very great pleasure he had enjoyed visiting Harvard College, in company with Drs. Osler and Shrady; they were escorted by Dr. John Collins Warren, the fourth who has honourably maintained the name of the family, in connection with the Harvard Medical School. Under his pleasant guidance they visited the Library, the Museum, the Gymnasium, and the large Hall, in which many of the students assemble each day for their meals; upon the walls of which appear the names and portraits of many well-known in the history of the United States, and amongst the figures in the stained windows he noticed that of our own Hampden by the side of Leonidas. They passed along the Appian Way, down past the house where Dr. Holmes first saw the light, and around the ancient oak, under which Washington stood when he took command of the Army of the Revolution; they had the honour of visiting the rooms of the Porcellian Club, and were *cordially* welcomed by its members.

Selections: Medicine.

THE DIAGNOSTIC VALUE OF RENAL TUBE CASTS.

BY ROBERT SAUNDBY, M.D., EDINBURGH.

Although the profession is generally impressed with the notion that the presence of tube casts in the urine is a valuable clinical sign, I fear this remains, to a very great extent, a barren theoretical doctrine which bears no fruit in practice. This failure is probably due to the want of precise rules for drawing correct inferences from these structures when they are found.

Busy practitioners sometimes tell me that they have no time to look for casts, but there would be no room for this excuse if the proper method of seeking them was

more generally known, as it need not be a very difficult or tedious operation.

Probably the discovery of casts in the urine of patients suffering from jaundice, diabetes, secondary congestion of the kidneys, or even in more transitory conditions, as in the urine of Weston during his famous walk, has tended to throw doubt upon their value as evidence of renal disease, yet properly understood these facts are by no means opposed to the view that renal tube casts are the best, and perhaps the only certain indication we possess of the state of the epithelium lining the renal tubules. I believe that rightly interpreted they give us a large amount of trustworthy information of the highest importance in diagnosis and prognosis.

Since it has been shown beyond dispute, that albuminuria may occur, not only in acute diseases but in a large number of chronic maladies apart from renal disease, and even under certain circumstances in healthy men, it has lost its significance as evidence of Bright's disease. Moreover, we know that Bright's disease may be present and progress to its termination without albuminuria, so that we are obviously in want of some more trustworthy criterion. In the present paper it would take too long to repeat the objections which I have previously shown to exist against each of those characteristics, which, taken collectively or variously grouped, make up the clinical picture of Bright's disease in its various forms. But while I wish to accentuate the value of tube casts, which have been too much neglected, to the injury of practical medicine, I would not be understood to ignore the value of such important elements of diagnosis as the quantity and quality of the urine, dropsy, cardiac hypertrophy, pulse tension, or retinal changes, each one of which has received careful attention from me in previous papers.

Method of looking for Casts.—The great secret in looking for casts with the microscope, is to use a low power. They are not very small objects, being usually at least one thousandth of an inch in diameter, so that they can be readily seen with a magnifying power of 60 to 80 diameters. I am in the habit of using for this purpose a Hartnack's microscope with the tube drawn out, ocular No. 3, objective No. 4, wide aperture. The urine should be allowed to stand for some hours in a conical glass, covered to protect it from dust. Daylight should always be used for making the microscopical examination. The lowest stratum of urine should be drawn up with a pipette, and six drops placed upon as many object slides, which are then covered with cover glasses, and examined successively. If no casts can be found on any of the six slides, I think, as a practical rule, we may conclude that none are present; but it is generally prudent to repeat the examination of another specimen of the urine, at a future date, before expressing an unqualified opinion. When, however, I have satisfied myself that no casts are being passed in the urine, I do not hesitate to tell my patient that he is not suffering from Bright's disease, or that for the present the morbid process is in abeyance. The absence of casts is most valuable in the diagnosis of cases of functional albuminuria, such as are often met with in young men, and are frequently associated with digestive derangements. My experience of these cases enables me to say that, as a rule, no casts are to be found in the urine, although it may be loaded with albumen; at the most, a single hyaline cast may be found in one stray specimen of urine. On the other hand, I believe casts are always to be found in Bright's disease, in at least greater numbers than this.

The differential diagnosis of these cases is important, because I can confirm Dr. Moxon's favourable opinion of them. So far as I have been able to watch my cases, all have got well, or have much improved in health. It is, of course, an open question whether such cases do not show a tendency to Bright's disease, which, later in life, may become manifested in actual organic disease. As I have elsewhere suggested, this is a very probable view. My last case of this sort was the son of a victim to Bright's disease, and as the hereditary character of the latter condition is indisputable, I confess that I regard my patient's remote future with grave anxiety.

Varieties of Casts.—Casts of the renal tubules are usually described as of three kinds:—1, blood casts; 2, epithelial casts, and 3, hyaline casts. There are besides various compound varieties, in which blood or epithelium may adhere to or form part of a hyaline cast; and the term granular is often used to describe epithelial or hyaline casts which have become opaque and granular from fatty-granular degeneration.

Finally, casts differ in size, and at one time considerable importance was attached to the difference, but at the present it is not held to be of any practical significance.

Blood Casts.—These casts indicate, as might be supposed, the escape of blood into the tubules of the kidney. It is now admitted that the almost constant source of this hæmorrhage is the capillary tufts of the Malpighian bodies. The blood, in its passage down the tubes becomes coagulated, and taking the shape of the tube in which this occurs passes out into the urine. Such casts are important indications of the source of the blood in a given case of hæmaturia, proving, for example, that the blood does not come from the pelvis, as in calculus of the kidney, or from any lower portion of the urinary tract. These casts are seen in the early stages of acute nephritis, and at any period and in any form during the occurrence of congestion of sufficient intensity to cause hæmorrhage. They must, therefore, be regarded only as evidence of intense congestion and not as significant of any stage or form of Bright's disease.

Epithelial Casts.—There are two main types under which the renal epithelium appears in the urine in the shape of casts of the renal tubules. In the first the cast is made up of a number of distinct small round granular cells, like leucocytes, but of smaller size, and which are, as their appearance suggests, the result of proliferation of the renal epithelium. These casts are met with in acute and subacute nephritis, and always indicate an active degree of inflammation in the kidney with proliferation of the renal epithelium.

In the second type the cast is composed of a mass of epithelial cells crowded together so as to obscure their individual outlines, and often rendered more or less opaque by fatty granular degeneration. These casts are formed by the desquamation of the epithelium which is pushed off the basement membrane of the tubule by the inflammatory exudation from the venous plexus surrounding the tubule. They are usually of large diameter from being moulded in tubes denuded of epithelium, and they indicate diffuse inflammation of the kidney. They are met with in all forms of Bright's disease, in cases of recent inflammation, and in those acute attacks which so frequently supervene in the course of chronic Bright's disease. Langhans has shown that epithelial casts undergo a colloid metamorphosis, by which they become partially or wholly hyaline in appearance, and this fact explains one form of the compound varieties referred to above. When this change is complete such casts present the ordinary hyaline appearance of the third type, and in certain cases, by no means only or usually in lardaceous kidney, they are said to give the characteristic mahogany brown colour of lardaceous material.

Hyaline Casts.—This last variety is that most commonly met with, as it may be found in all forms of Bright's disease, and at any stage or condition in which the renal epithelium is the seat of irritation. They are usually homogeneous, transparent bodies, though they may be obscured by fatty degeneration; they are non-fibrillated, not acted upon by acetic acid, but soluble in pure water, especially when warmed. These peculiarities led Robin, Rovida, and Cornil and Ranvier, to reject the current view that they are fibrine casts; and many authorities (Cornil, Wagner, Rindfleisch, Beale, and Aufrecht) regard them as produced by an exudation or secretion from the epithelial cells of the tubules. Aufrecht in particular adduces the following facts in support of this view: after ligature of the ureter in rabbits, if the kidneys are examined within the first three days, the tubules contain many hyaline cylinders, although the epithelium is intact and the interstitial tissue and blood vessels do not show the slightest change; moreover, he once saw a cylinder made up of single irregular pieces, separated by fine bright lines, and some of the epithelial cells had fine bright rounded structures projecting from them. Strauss and Germont have recently confirmed this description, and it has also been supported by the observation of Cornil already quoted. But Salkowski and Leube, in their recent work on the urine, still adhere to the view that these structures are in reality fibrine, formed by the action of the dead epithelium upon the fibrinogen of the blood serum. This view is obviously based upon the theory of coagulation which we owe to Alex. Schmidt, and which has been recently called in question by the researches of Norris, Bizzozero, and Hart. But whichever view we accept, it is certain that Langhans' observation does not account for the enormous majority of hyaline casts, as he himself admits, but that these bodies are

always produced by the intervention of epithelium, either in a state of irritation or actually dead. This latter point is the most important, and though I am personally inclined to accept Aufrecht's view, I am quite content in the meantime to go no farther than the statement that hyaline casts are evidence of destructive changes in the renal epithelium.

This view is not contradicted by the clinical experience of their presence in the urine of diabetes, jaundice, or secondary congestion, as under these circumstances they are neither numerous nor common, and the first and last of these conditions are known to lead in many cases to structural alterations in the kidneys. In jaundice too Mobius has shown that persistent excretion of bile leads to destruction of the renal epithelium. Their occurrence under such abnormal conditions as during Weston's famous walk can be reasonably explained by assuming that the renal epithelium suffered under the abnormal strain on the whole bodily functions, but the cause being transitory the epithelium could be fully restored to health, as there is ample warrant for the belief that this tissue possesses a considerable power of repair within certain limits.

Indeed these facts are in themselves strong proofs of the correctness of the view for which I am contending, as they show that we have a means of recognising very early and slight derangements of the renal epithelium. As this tissue participates early in the changes in all forms of Bright's disease, and as primary interstitial nephritis with perfectly healthy epithelium is a pure pathological fiction (as the frequency of hyaline casts in that very form would suggest were there no more direct argument), we may often estimate the extent and gravity of the pathological changes by the number and persistence of these organic deposits in the urine.

I am very glad to find that my views upon this subject have found an echo on the other side of the Atlantic, and that able clinical observers like Kinnicutt, of New York; Tyson, of Philadelphia, and Millard, have expressed themselves of the same opinion.—*Birmingham Medical Review.*

A symptom which occurs in a good many cases of chronic Bright's disease, and in acute Bright's disease as well, though not in all, is dropsy. And by dropsy I mean the exudation of the serum of the blood through the walls of the blood-vessels, and the accumulation of it in the subcutaneous connective tissue and in the various serous cavities of the body. Such a dropsy is not by any means confined to Bright's disease. We may have it produced simply as a result of great anæmia. The constant occupying of one position is capable of producing a certain amount of dropsy. Thus, if a person stands on his feet all day, and day after day for a long period of time, he may get up a dropsy of the feet and legs simply as a result of maintaining this one position. Then, again, anything causing an obstruction of the veins is capable of producing such an extravasation of serum into the connective tissues. In the case of renal diseases it is not always easy to tell the exact reason for the formation of dropsy. It is supposed by some to be due to changes that have taken place in the composition of the blood, and especially in the composition of the serum of the blood. Others think that it is due to the loss of albumin, which passes away in the urine, and so leaves the blood extremely thin and allows it to exude through the vessels. Others believe it is caused by certain changes in the walls of the blood-vessels, or in the force of the circulation and the pressure of the blood. Some of these various explanations will answer well enough for some of the cases of Bright's disease, but none of them for all. In those chronic cases where we do regularly have changes in the composition of the blood, and also changes in the circulation, and often, too, changes in the structure of the walls of the blood-vessels throughout the body—in those cases it is easy enough to understand the dropsy. But in some cases of acute Bright's disease we find it difficult to understand the reason for the production of dropsy. There are some of these cases in which the patient was previously completely well, and yet within a few days he becomes affected with general anasarca, and there is an accumulation of fluid in the different serous cavities. Here it is difficult to understand why the dropsy should come on so suddenly and be so extensive. The importance of understanding the causation of the dropsy is not a mere matter of theoretical importance, but it is a matter of real practical consequence, for, if we could understand the cause in each

case, we should then know better what to do to get rid of it.—*N. Y. Med. Jnl.*

Inosuria.—M. Laboulbène in *L'Union Médicale*, in a short note desires to call attention to the apparently favourable action of inosite in the urine, following true saccharine diabetes. For many years he had noticed patients clearly glycosuric—have the characteristic sugar disappear from their urine, and in which the presence of inosite was clearly, though with trouble and difficulty, demonstrated. He gives three cases, the first a male æt 75, an active steady farmer, who for a year previous had complained of thirst, dryness of the skin and polyuria (4½ litres in the 24 hours), 44 grammes of sugar per litre was found in the urine. Under treatment in six months the quantity of urine was reduced two-thirds, and the sugar fell to 4.50 grammes per litre. One year afterwards the sugar entirely disappeared and the urine was reduced to 2½ to 3 litres a day. Inosite was unmistakably found at this time and continued for five years, during which the patient remained under observation. In other respects his condition was one of health. The second case was that of a woman, æt 50, of a nervous disposition; urine abundant, containing 30 grammes of sugar per litre; under appropriate treatment in six months the sugar decreased in quantity although the polyuria persisted; the sugar finally disappeared and inosite was found; she was relatively cured. The third case was that of a robust male; for eighteen months he had noticed great thirst and polyuria; 20 grammes of sugar to the litre; under treatment this gradually disappeared and two years afterwards he being in good condition, inosite was found. M. Laboulbène recollects two other cases of glycosurics whose health was notably ameliorated and in whose urine the sugar was replaced by inosite.

Dr. Isidor Mehrer, reports that in the post-mortem examination of a woman 45 years of age, dead by hanging; he was unable to find the slightest trace of the spleen. The other organs were normal and properly developed.—*Wien. Med. Pres.*

American Catarrh.—Morell Mackenzie, in the *Brit. Medical Journal*, upon the strength of observations made during his recent travels in America, considers that post-nasal catarrh is sufficiently prevalent to claim for itself the proud distinction of the national complaint. He found it widely diffused on the Atlantic seaboard and upon the Pacific coast, upon the arid plains of Colorado and the busy streets of St. Louis and Chicago; in the South and in the North; in Canada not so common as in the United States. The climate and the soil being so varied, he eliminates as etiological factors, but considers the abundance of *dust* a full explanation of the prevalence of the disease. The naso-pharynx anatomically acts as a dustbin and with difficulty gets rid of foreign particles, and owing to its relative insensibility the foreign particles deposited remain there longer without causing excessive discomfort and are likely to give rise to disease. Overheating of the houses and the consequent abrupt and excessive changes of temperature are also probable causes and heredity is not to be entirely excluded, though the fact that many foreigners contract the disease while making a short stay in America renders it probable that atmospheric conditions are more powerful than heredity.—*Maryland Med. Jnl.*

Danger from Flies.—Dr. Grassi is said to have made an important, and by no means pleasant, discovery, in regard to flies. (*British Medical Journal.*) It was always recognized that these insects might carry the germs of infection on their wings or feet, but it was not known that they were capable of taking in at the mouth such objects as the ova of various worms, and of discharging them again unchanged in their fæces. This point has now been established, and several striking experiments illustrate it. Dr. Grassi exposed in his laboratory a plate containing a great number of the eggs of a human parasite, the *tricocephalus dispar*. Some sheets of white paper were placed in the kitchen which stands about ten meters from the laboratory. After some hours, the usual little spots produced by the fæces of flies were found on the paper. These spots, when examined by the microscope, were found to contain some of the eggs of the tricocephalus. Some of the flies themselves were then caught, and their intestines presented large numbers of the ova. Similar experiments with the ova of the *oxyuris vermicularis* and of the *tenia solium* afforded corresponding results. Shortly after the

flies had some mouldy cream, the *oïdium lactis* was found in their fæces. Dr. Grassi mentions an innocuous and yet conclusive experiment that every one can try. Sprinkle a little lycopodium on sweetened water, and afterward examine the feces and the intestines of the flies; numerous spores will be found. As flies are by no means particular in choosing either a place to feed or a place to defecate, often selecting meat or food for the purpose, a somewhat alarming vision of possible consequences is raised. Dr. Grassi invites the attention of naturalists to the subject, and hopes that some effectual means of destroying flies may be discovered.—*Louis. Med. News.*

The Antagonism Between Paraldehyde and Strychnine.—The Italian Professor Cervello, has recently demonstrated an antagonism of action between paraldehyde and strychnine. His research included three forms of procedure: 1. After a dose of strychnine, a non-lethal quantity of paraldehyde was given. 2. After a dose of paraldehyde, a lethal quantity of strychnine was administered. 3. Both agents were simultaneously used. As a control experiment, the same animals were subjected to the effects of these agents alone. In this way a criterion was established by means of which the narcotic power of paraldehyde and the toxic activity of strychnine could be judged. By this method he demonstrated that paraldehyde arrested the action of strychnine, after the manifestations of poisoning began, or prevented the appearance of toxic symptoms. The antagonism was manifested in what order soever these agents were administered, and when they were given together. Cervello ascertained that it is not necessary to the antagonism that the quantity of paraldehyde given should be above the merely physiological limit, a relatively small quantity sufficing to neutralize the effects of a large dose of strychnine. In a rabbit weighing 1665 grammes (about three and a half pounds), four milligrammes of nitrate of strychnine (more than a lethal dose) were injected, and the symptoms of poisoning vanished under the action of a small dose (less than a drachm) of paraldehyde. To another rabbit, narcotized by a drachm nearly of paraldehyde, six milligrammes of nitrate of strychnine were given, and the animal survived. Strychnine appears to have no influence over the course of the narcotizing action exerted by paraldehyde, for the duration of the narcotic effect is practically the same when strychnine has and when it has not been given. There is, however, a difference as to the time when the narcotic effect produced by paraldehyde manifests itself—strychnine retarding the action, but not altering its character. The seat of the opposing actions is the spinal cord, strychnine increasing and paraldehyde lessening the reflex excitability of the gray matter of the medulla oblongata.—*Phil. Med. News.*

Citrate of Magnesia Solution.—The following formula has been used for many years with entire satisfaction:—

For one bottle—

Carbonate Magnesia	120 grains.
Citric Acid	240 grains.
Water (previously boiled)	A sufficient quantity.
Oil of Lemon	5 drops.
Syrup	1½ fl. ounces.
Bicarbonate of potassium	30 grains.

Drop the oil of lemon on the carbonate of magnesia, place the citric acid in a jar with the water, dissolve, add the carbonate of magnesia. When dissolved, filter into the bottle, in which the syrup has been previously placed; fill the bottle nearly full with water (previously boiled and filtered) and add the bicarbonate of potassium, when it must be at once securely corked. This preparation will purge actively and keep indefinitely.—P. W. B. in *Pharmaceutical Record.*

Syrup of Coffee to Disguise Quinine.—Roasted coffee finely ground, 4 oz., alcohol 1 oz., sugar 12 oz., boiling water sufficient. Pack the coffee firmly in a percolator provided with a cover, and pour on boiling water until eight fluid ounces of percolate are obtained. Then dissolve the sugar (in the percolate) by percolation, and finally add the alcohol as a preservative. The taste of two grains of quinine is said to be pretty well covered by a drachm of syrup.—*New Remedies.—N. C. Med. Jnl.*

J. M. Gordon, of Cincinnati, (*Pharm. Record*), states that the annual production of bromine in this country is from 450,000 lbs. to 500,000 lbs., the larger quantity being made from the salt wells of Virginia, Ohio, Pennsylvania, and Michigan. The estimate is one pound of bromine to every two barrels

of salt. The first production was in 1846 in Freeport, Penn. In 1868 when the manufactories at Tarentum and Natrona, Penn., and on the Kanawha River were started the price was $2 per pound. This has since been reduced to 28 cents.

Surgery.

ADHESIONS IN OVARIAN TUMOURS.

(Abstract of a clinical lecture at LaSalpêtrière by M. Terrillon.)

In ovariotomy adhesions are to be dreaded as increasing the difficulty and danger of the operation, although not presenting a formal contra-indication to it. The old surgeons attached great importance to the diagnosis of adhesions. Their existence prevented the operation or suspended it when begun. Later, Walne made exploratory incisions which enabled him to note with the finger the mobility of the cyst. Bird, by sticking needles into the cyst at various points upon the abdomen—inferred from the movements of these needles during expiration and inspiration, the mobility of the cyst. Spencer Wells and Kœberlé showed that these difficulties were not insuperable and the re-action was so complete that certain authors have given to their existence an excellent prognostic value.

Most authors have heretofore studied the inflammatory adhesions. But there is another variety of equal if not greater importance, indeed they are the most frequent cause of unfinished operations. They are called adhesions by infiltration from the manner of their production. The ovary occupies the upper border of the broad ligament: it appears to be enveloped by the peritoneum on all sides except at its hilum or pedicle where it receives its vessels. When the ovary undergoes cystic degeneration it increases in size—developing most frequently into the abdominal cavity, losing its relations to the broad ligament; its vessels as well as the ovarian ligament are elongated and constitute the pedicle of the cyst. In other exceptional cases, as well as the growth into the abdomen, the cyst increases along the pedicle, descending in the thickness of the broad ligament, doubling its two leaflets, forming the tumour into two parts, one intra-peritoneal the other infiltrated into the broad ligament. This disposition constitutes a true adhesion, since the cyst is not free in its whole extent and does not present a pedicle. This variety has not been closely studied, though it has been vaguely indicated and often confounded with inflammatory adhesions.

Inflammatory adhesions are always the result of peritonitis, generally localized. Sometimes the inflammation is free and acute with the ordinary signs and cannot fail to attract attention. In a second variety the inflammation may be sub-acute or chronic, with no general signs, and pain causing but little anxiety, but close questioning will generally reveal its existence. A third form, the most frequent, is latent and no amount of questioning elicits information of its presence. Certain adhesions are easily broken down, others on the contrary are very difficult to destroy. In this respect adhesions may be divided into four varieties: the first soft and non-vascular, tearing without resistance and without hæmorrhage; the second are equally soft, but vascular, easily torn, only they bleed from both ends, especially from that attached to the abdominal wall. The hæmorrhage may cease rapidly or require ligatures. At a more advanced stage of organisation they are hard, cannot be broken down with the hand, requiring a blunt instrument as a spatula or handle of a scalpel, or even a cutting instrument. Further they contain vessels of new formation, more or less voluminous; hæmorrhage from them is more severe, hence they should be divided only between two ligatures. Finally more extended in surface, less lax, these fibrous adhesions become indelible. The peritoneal wall and the surface of the cyst are united by a thick, fibrous tissue, often very vascular, whose dissection is difficult and exposes the surgeon to tearing the peritoneum, to denuding the muscular masses of the abdomen, in a word, to destruction of tissue, of evil import. Indeed he may have to leave the operation unfinished. These are found only in old cysts and are rare now that operations are undertaken earlier.

The most frequent seat of adhesions and the least dangerous as well as the earliest is between the abdominal wall and the cyst. Epiploic adhesions are important from the bleeding to which they always give rise, and necessitate many ligatures. Adhesions with the intestine are rarer on account of the mobility of that organ, but

expose one to the danger of perforation in breaking them down. They may compel the surgeon to leave a portion of the cyst adherent. Vesical adhesions are formed early, and may as the tumour grows, drag that viscus upwards as far as the umbilicus where it may be wounded in the first incision, destruction of the adhesions may also as in the intestine, cause perforation. Adhesions with the uterus if formed early, displace that organ with the growth of the tumour. They are rare, but when they exist, are difficult to destroy, often being the cause of deep wounds of the organ, and may induce the surgeon to practice partial ablation or even to leave the operation unfinished. Adhesions may also form with the pelvic walls or at the upper part of the abdomen with the liver, spleen, stomach, &c.

The diagnosis of the nature and seat of adhesions is then a matter of importance. Unfortunately precise signs are absolutely wanting. Besides the immobility of the tumour, the most important information is obtained from the history, by the existence of old symptoms of peritonitis especially by localized and persistent pain, which is one of the best signs. They may be altogether absent, or a neuralgia may be mistaken for them. Vesical and intestinal troubles may be due to simple compression, uterine displacements may be due to the disposition of the pedicle. Urethral catheterism when it allows the catheter to ascend very high alone permits the diagnosis of a vesical adhesion.

All the other signs invoked afford no greater certainity. The mobility of the cyst sought for either by examination in certain conditions of light (Spencer Wells) or by percussion during forced inspirations and expirations is a sign contested by Boinet. So also with Lee's sign, the tumour distending and separating the recti muscles, if there are no adhesions, forms a manifest protuberance between these muscles when the patient is made to sit down. Bright has pointed out a symptom to which some authors attach great importance, the noise or the sensation of the crepitation of snow or new leather on palpation of the abdominal walls. This sign belongs especially to soft and recent adhesions (Phillips) or is due only to a granular condition of the cyst wall (Liégeois). The existence of adhesions may be presumed, signs may be found which render their presence very probable, but absolute certainty cannot be obtained. So every ovariotomist should expect numerous surprises and be prepared to meet with adhesions and their complications.

The second form of adhesion is that of *infiltration into the broad ligament.* It is seldom that the whole tumor is ensheathed in the broad ligament, most frequently it is only a prolongation, which may be developed in two directions, consequently giving rise to two symptomatic types with a series of intermediate forms.

In the first place the prolongation may be carried vertically downwards. It will separate the two sides of the broad ligament and be found in a cavity limited downwards by the levator ani, inwards by the lateral border of the uterus, in front of which projects the corresponding portion of the bladder. In the first period of its development, the cyst depressing the cellular tissue of the broad ligament will be free in its thickness and easily enucleable. But soon its relations with neighbouring organs becoming more intimate, it will depress the lateral vaginal *cul-de-sac*, will efface it, will make it protrude, will push aside the uterus and the ureter which passes alongside of the uterine neck and will compress either the *bas fond* or the lateral part of the bladder. Finally the utero-ovarian vessels situated on the border of the uterus will connect with those of the cyst, likewise the vesical vessels and those of the broad ligament, thus producing indelible adhesions. The difficulties presented by the extraction of such tumours is easily comprehended. Besides severe hæmorrhages, lesions of the bladder and ureters will have to be dreaded.

In the second case the cystic prolongation instead of descending vertically, is inclined backwards towards the sacral concavity. After having raised and effaced the posterior peritoneal *cul-de-sac*, it is insinuated under the mesentery and pushes back the intestine, this is then found in front of the cyst, a position giving rise to great uncertainty in diagnosis. Finally the prolongation may contract adhesions with the large vessels of the excavation or with the intestine.

The extraction of these prolongations will necessitate the opening of the broad ligament and the shelling out of the tumour. Sometimes this is easy, sometimes adhesions render it laborious, difficult and dangerous, from hæmorrhage and from torn peritoneum

giving rise to suppuration with its attendant train of septic disasters.

It would be useful to recognize beforehand the existence of these enclosures, unfortunately as in inflammatory adhesions, there is no certain sign. The immobility of the uterus, its deviation, the marked bulging of the tumour into the vaginal *cul-de-sac*, the effects of rectal and vesical compression would be presumptive evidence, were they not also found in tumours non-infiltrated, but simply depressing the broad ligaments. It is only during the progress of the operation that this complication can be recognized. All means must be employed to diminish suppuration and prevent the stagnation and resorption of putrid matters. More than ever the strength of the patient must be sustained and she be placed in a condition to resist this new cause of debility.

It is by possessing a knowledge of all these difficulties and in being familiar with all their varieties that we can at last destroy these adhesions and eliminate as completely as possible the dangers which arise during and more especially after the operation.—*Le Prog. Méd.*

Method of Reduction in Dislocations at the Elbow.—Mr. J. E Kelley gives the following method for reducing dislocations at the elbow-joint, especially in cases where assistance cannot be readily obtained:

The operator sits on a corner of a table, at the end of which the patient is placed upon a chair. The injured limb is drawn under the surgeon's proximal thigh, which rests, close to the joint, on the anterior surface of the humerus, while the olecranon is accurately placed on the anterior surface of the lower third of the distal femur, and the proximal foot is "hitched" behind the other leg, which is flexed firmly against the frame of the table. In order to obtain the most favorable fulcrum, the surgeon fixes his proximal elbow against the antero-internal aspect of his corresponding thigh, and, grasping the wrist of the patient with both his hands, reduction is effected by the simultaneous and co-operative action of the muscles of the arms, back, and thighs. Fixation and counter-extension are supplied by the powerful thighs of the operator, and coaptation is effected, with great nicety, by the backward pressure of the proximal femur against the anterior surface of the humerus, while the distal femur forces the olecranon forwards. Owing to the accuracy with which it can be applied, this power, which is incalculably greater than that afforded by the pressure of the fingers and thumbs (Boyer), is sufficient, when the forearm is steadied, to reduce an ordinary dislocation without the aid of extension. Additional adjusting influence is exercised by the inner side of the proximal thigh, which, by pressing against the anterior surface of the forearm, liberates the coronoid process from its position behind the lower extremity of the humerus, and allows the greater sigmoid cavity to resume its normal relation to the trochlea. Extension is supplied by the muscles of the upper extremities acting round the fixed point provided by the elbow of the surgeon, and, when his body is thrown backwards, additional force is derived from the muscles of the back, the glutei, and the other extensors of the thighs. This power may be applied at various angles in rapid and easy succession, an advantage which the surgeon experienced in the treatment of dislocations cannot fail to appreciate.

In the lateral modifications of the posterior luxations the reduction is generally effected by the same manœuvre which is employed for the simple form of dislocation, but should special coaptation be necessary, it is at the disposal of the operator, as, when aided by the powerful constraining pressure of the thighs, the proximal hand can supply sufficient traction and stability, while the other is unoccupied and in the most advantageous position to apply any additional manipulation, which may, if desirable, be afforded by an assistant. If the condition be such that the full extending force of both arms be required, the isolated rural surgeon can, with a little ingenuity, render himself independent of professional aid by fixing the bone of the arm or forearm, which is displaced inwards, by a bandage passing round his own loins, and by making lateral traction on the bone or bones displaced outwards, by another bandage attached to his foot, and passing over his knee, as over a pulley. By this simple apparatus the instinctive movements, which are essential to the reduction of the simpler luxations, are utilized for the treatment of the more complicated forms. —*Phil. Med. News.*

Encephaloid Cancer.—M. Sappey's researches go to show that encephaloid cancer is due to a profound alteration of the white globules of the blood. This alteration is at first essentially local. But in traversing the primitive focus of the disease, the white globules are altered, degenerated, and afterwards may take one of three directions. Some leave the blood capillaries, are deposited upon the diseased point and become the centre of formation of a tumour with a tendency to increase indefinitely. Others are carried towards the ganglions which soon undergo secondary degeneration. Others remain in the venous blood and propagate the cancer to all parts of the economy.

At every stage of cancer the beginning, the middle, and the end, the leucocytes are the actors. Primitive alteration of the white corpuscles. All physicians agree in recognizing that the organs which are richest in lymphatic vessels are those for which cancer seems to have a predilection. Consequent upon a cause which is yet unknown, the white globules contained in the lymph channels are modified in a limited point of these organs, become altered and degenerated. On contact with these degenerated globules, those which float in the blood become degenerated in their turn. The alterations of the first is revealed to us by the ganglions into which they flow, that of the second has heretofore escaped the attention of physicians. Four facts recently observed have permitted me to demonstrate clearly this cancerous degeneration of the white globules of the venous blood.

The first of these was an enormous encephaloid tumour situated in the abdomen. This tumour was encysted and the walls of the cyst were traversed by numerous veins some as large as a finger. I examined the blood contained in them microscopically; some of the white globules were still intact, others were altered in divers degrees. The normal leucocytes had a volume of 9 to 11 thousandths of a millimetre. Those which were degenerated were larger, being 15, 20, 25, m.m. They were especially distinguished by the segmentation of their nucleus and by a great abundance of fatty granulations which were substituted for the protoplasm. The cancer cells of the tumour presented the same characters as the degenerated leucocytes, but less clearly marked. To the cells coming from the blood there are added others originating from the degenerated epithelium of the glandular canals. The typical cancer cell must not be sought for in the tumour, but in the veins which leave it.

The growth of the tumour is rapid, because it takes the elements of its increase from an inexhaustible source. The secondary degeneration of the lymphatic glands is due in the first place to diseased cells carried from the tumour, and the lymphatics becoming diseased cease forming leucocytes. Their growth is consequently more limited than the original tumour. The lymphatic vessels from healthy parts may bring cells which become degenerated in the gland or the blood furnished the glands may supply cells for its growth. The cancerous cachexia is due not to a cancerous virus but to these degenerated globules circulating in the blood and emanating from the cancerous centre. Each of these degenerated globules is a cancer in miniature, an ambulant cancer, circulating with the blood current to all parts of the body and may be numbered by millions.—*L'Union Méd.*

Extirpation of the Kidney.—M. Ollier has performed this operation three times. In the first case, the operation was performed on account of pyonephrosis in a young woman, believed to be due to obstruction of the pelvis of the kidney by calculi. The extirpation was rendered difficult by adhesions of the capsule to the adjacent parts, and it was found necessary to decorticate the organ. Though the operation was long and tedious there were no untoward symptoms, and the patient recovered. The patient now complains of pain in the liver and left iliac fossa, and at two periods there has been excessive salivation, amounting to more than a quart in half a day. The second operation was performed on account of a cyst containing about four gallons of fluid. The patient died on the third day. The third case was one of sarcoma of the kidney. All went well until the tenth day, when the child died suddenly in attempting to raise itself from the bed.—*Phil. Med. News.*

Direct Operative Interference in irreducible Luxations by Poinsot (Bordeaux). 1. In regard to the suitability of operative interference, luxations should be divided into recent, intermediary and ancient. 2. In recent luxations direct operative inter-

ference should be rejected. Exceptions made in section of the tendo achillis in luxations of the ankle, and of the lateral ligaments in luxations of the thumb. 3. In intermediary luxations subcutaneous sections constitute the first process to be employed. Arthrotomy should be reserved for those cases in which the vicious situation of the bone might lead to compression, absolute impotence of the limb and threaten its vitality, as may happen in certain luxations of the shoulder and knee, and also in the fingers, hindering the use of the hand. 4. For ancient luxations, in which subcutaneous sections fail, arthrotomy with or with out resection is suitable for the ginglymoid joints as the elbow, knee, ankle, and also for the fingers, For the other enarthrodial articulations (jaw, shoulder and hip) osteotomy would be preferable.—*L'Union Méd.*

Sugar as a Dressing for Wounds.—Dr. F. Fischer says that in the Strasbourg Hospital, where he is assistant in the surgical department, Professor Lücke has since May used powdered cane-sugar as an antiseptic dressing to wounds. Hitherto, it has been used in combination with naphthalin (equal parts) or with iodoform (1 part to 5 of sugar). In cases of wounds united by suture, the mixture is put up in gauze and applied to the part; where there is loss of skin, the sugar is sprinkled directly over the part. The sugar-dressing is fixed in place by some layers of gauze deprived of fat, over which a layer of gutta-percha is applied, and the whole is secured by a bandage. The sugar-dressing may remain from eight to fourteen days without the sugar dissolving; the secretion from the wound is equally distributed through the sugar, and it is only when the layer of sugar is too thick (more than about one-fifth of an inch) that lumps are formed. The wounds have a healthy appearance under the sugar, the dressings are not offensive, and bacteria cannot be found in them. Healthy granulations, with no tendency to bleed, are developed; and cicatrization proceeds rapidly. In wounds united by suture, healing by the first intention has always been observed. Dr. Fischer is not able to say whether the sugar is decomposed, or what new products are formed. Writing in the *Allgemeine Medicinische Central-Zeitung* in reference to Dr. Fischer's communication, Dr. Windelschmidt, of Cologne, says that he has used sugar alone as a dressing with good results. He finds that for small wounds and ulcers powdered cane-sugar is not inferior to iodoform as a dressing, while iodoform is necessary in many cases, such as chancres and mammary abscesses. He calls attention to the fact that powdered sugar is a very old popular remedy in cases of fungous granulations, ichorous eczema, and erysipelas of the face. Whether the action of sugar is antiseptic, is not certain: that it is aseptic, is proved by its use in confectionery. In spite of his success, Dr. Windelschmidt has for several months desisted from the use of sugar as a dressing; partly because the patients found out the nature of the powder that was applied and ceased to trust in it, partly because they treated themselves, and so passed from his observation. He thinks, however, that sugar, like iodoform and naphthalin, has its sphere of application; and joins with Dr. Fischer in recommending that it be more extensively tried.—*British Medical Journal*, October 13, 1883.—*Med. News.*

Tannate of Sodium in Chronic Nephritis.—Lewin first recommended tannate of sodium in nephritis, and Ribbert's experimental researches demonstrated its action in causing decreased elimination of albumen.

Briese has used it, in four cases in Mosler's clinic, prepared as follows: ℞ Solution of tannic acid, 2 parts to 100; add solution of bicarbonate of soda (9 to 5) ad react. alcalin. S. Dose, one tablespoonful every half hour.

This mixture was not equally well taken by the patients. In some cases it caused gastric disturbances and vomiting. The daily quantity of albumen eliminated by the urine was not diminished, the nephritis went on, and the patients grew worse daily, and it was apparent that the remedy was, in these cases at least, of no value whatever.—*Centralbl. f. klinisch. Med.*, September 1, 1883.

Midwifery.

Means to Shorten Lingering Labours, John Morris, M.D., Baltimore.—There are three stages or conditions in which labour may become lingering, and to deal with these states successfully, different procedures must be made use of. First, labour

may be lingering when the head is delayed at the brim of the pelvis; second, when the os has dilated to some extent, and the head has descended into the vagina; and thirdly, when it has reached the vulva and impinges on the perinæum. It is usual to describe labours as occurring in the first and second stages, but I think the division I have adopted will serve better for the elucidation of the subject.

When labour is tardy in the beginning, the os dilating very slowly, the pains feeble and irregular, and the head high up, means may be carefully employed to hasten its progress; but if the woman is cheerful and hopeful, interference may be delayed. This delay must not be suffered to extend, as Churchill and others have recommended, for twelve or sixteen hours, for, if the woman's powers, are allowed to become exhausted in the first stage, instrumental interference becomes a necessity in the second. In the condition described the os is frequently dilatable, but the membranes do not come down to act as a dilating wedge. In these cases it is good practice to detach the membranes around the cervix, and Braun, of Vienna, recommends the introduction of an elastic catheter between the chorion and the walls of the uterus for this purpose; but this can be much better effected, in my judgment, by the cautious use of the finger. After the membranes around the cervix are detached in this way, if gentle pressure is used around the whole margin of the os with the soft part of the finger, gently stretching it, the bag of waters will commence to project, the os will gradually dilate, and the pains become effectual. I have seen many cases of labour in this stage expedited by this plan. In some instances the membranes rupture prematurely, and the head becomes the dilating force. These cases are usually very painful, but they can be greatly hastened if the finger be swept cautiously around the os at each pain. In cases of tardy dilatation of the os, due to rigidity, in which the woman suffers acute pain, the administration of opium is most beneficial, and should always be resorted to. A hypodermic injection of ten drops of Magendie's solution, or thirty or forty drops of McMunn's elixir, given internally, acts like a charm. Ineffectual contractions do injury to the woman, and when you cannot advance labour you had better arrest it. I do not think the administration of chloroform is wise at this stage.

There is occasionally a form of unequal, spasmodic contraction, well described by Velpeau, which is sometimes confined to the fundus, sometimes to one of the angles, or to a portion of the anterior or posterior wall, or one of the sides of the uterus. The pains are very acute, but merely exhaust the woman's strength, and, unless an anodyne is administered, labour will be prolonged indefinitely. Belladonna has been used and much praised as a remedy in this condition, but in my hands it has proved utterly useless. Brown's colpeurynter introduced into the vagina, and fully distended with hot water by means of Davidson's syringe, is, beyond doubt, the speediest and best means to produce relaxation of all the parts and hasten the labour. It is astonishing how rapidly the os will dilate by the means of this instrument. I have seen by its use in cases of eclampsia, apoplexy, hæmorrhage, etc., the os sufficiently dilated in a few hours to admit of the application of the forceps, and a rapid termination of the labour. My experience in cases of this kind has taught me its usefulness in normal labour. The colpeurynter may be emptied and re-filled every half hour until dilatation is effected.

There is a condition of the uterus which retards labour and gives rise to trouble. The os is dilated to some extent, but the fibres of the cervix above it contract, forming a rim or band. Barnes' hydrostatic bags can be used with great advantage to relax the contracted cervix and allow the descent of the head; but in ordinary cases of contraction I think the colpeurynter serves a better purpose.

The long forceps are frequently resorted to when the head remains for a length of time at the brim of the pelvis, but their application will seldom be necessary if the means I have indicated be cautiously and judiciously employed. I have not found it necessary to perform what is termed the high operation more than three or four times in a midwifery practice of more than thirty-seven years. In addition to the measures I have suggested at this stage the patient must be kept out of bed in a vertical position, and not suffered to bear down or make any muscular effort. There is no doubt that the erect posture is the best before the head descends into the lower strait. The conservation of the woman's

powers, too, at this period is of the greatest importance.

There is usually no danger to the life of the mother in the first stage of labour as long as the membranes remain intact, and, on this account, it may be argued that interference is not necessary; but this view I hold is both inhuman and unscientific. Inhuman because it condemns the woman to unnecessary suffering; and unscientific because it leaves agencies unused and powers unaided, which, if employed, would shorten a painful and vital process.

In what I term the second stage, that is when the head has descended into the pelvic cavity, there are two conditions of lingering labour. In the first, though the os may be pretty well dilated, the labour is retarded by the firmness, dryness and want of distensibility of the vagina. Free injections of hot water are useful at this time, and if the membranes be intact it is good practice to rupture them. When the vagina is extremely dry and hot, after the use of the hot water douche, the introduction of a large cotton tampon saturated with glycerine and lard serves a good purpose in softening and dilating the parts. I would add, that if inertia exists at this point, the administration of a drachm or two of the extract of ergot aids the other measures most effectively. But if the arrest of the head is due to occipital-posterior positions it is unsafe and unscientific to administer ergot—the forceps is the only alternative. In these instances there is very little amniotic fluid and no bag of waters is found, indeed I have seen many cases which might absolutely be termed dry labours. After the rupture of the membranes, if strong external compression be used and the os gently stimulated and stretched by the pulpy part of the finger, the pains will be prolonged, the voluntary powers of the woman excited and strengthened, and the labour progress to a speedy close.

The second lingering condition in this stage is when the head is very low down in the pelvis; the os dilated to the size of a half dollar, and found far back toward the sacrum, the head of the child being covered as with a cap by the thinned neck of the uterus. This is a most painful state, and calls loudly for assistance. The membranes, if not ruptured, must be punctured immediately, the os stretched and drawn forward toward the pubis, and strong external pressure used during each pain. Ergot is not generally necessary in this condition, but if the pains are ineffectual, its administration is most beneficial; the labour is accelerated; the woman's voluntary powers are evoked; pain follows pain, and the case has a rapid and happy termination. One of the most trying features in these cases is the intense pain in the region of the sacrum. This can be greatly alleviated by the application to the spine of an embrocation of chloroform and oil of peppermint.

The most powerful aid in all these cases is forcible external compression. A number of mechanical contrivances have been used to support the abdominal muscles, and secure regular and equal contractions of the uterus, but they are awkward and cumbrous, and do not at all compare in usefulness with the intelligent human hand.

The third and last stage of lingering labour is where the head has descended to the perinæum and owing to inertia of the uterus, or exhaustion of the woman's vital powers, or to the rigidity of the muscles of the perinæum, the labour is indefinitely arrested. Hamilton reports a case in which the perinæum was supported in this condition for one hundred and twelve hours. Ergot may be used at this point combined with external compression, but if delivery does not take place speedily the forceps should be applied. Beattie's straight Dublin forceps is the best, being light and easy of application. These are simple tractors and can do no possible harm. I have observed that if we fail in manipulations with the forceps the labour appears to be arrested and the woman's voluntary powers cease to act, consequently unless one feels convinced that the case will be terminated speedily by instrumental interference, it is better not to attempt it. I have frequently endeavoured to extricate the head by passing two fingers into the rectum, but have failed in this manœuvre for the reason that the force necessary to be employed is likely to injure the soft parts. The proper management of the perinæum is very important. I have been practicing for years a form of attenuation from the very moment that the head commences to impinge upon the outlet, and I believe that I have greatly assisted the efforts of the woman. If the head is still within the uterus at this point, it is good practice to make a sweep with the finger

and push the os over the occiput. I generally deliver the patient on the left side, as that position is better for the touch and use of the hand, but sometimes I have thought I found good results from placing the woman on her back and allowing her to have a few pains in that posture.

In conclusion, I would state that the great advantage of the procedures briefly suggested in this paper is, that should they fail, they do not interfere with the after-use of the forceps, but rather prepare the way for their easy application. Moreover, I hold that, if properly employed, they prevent those two *bètes noirs* of modern obstetrical literature, lacerations of the os and perinæum. In addition to this, I believe that post-partum hæmorrhage, that worst complication of midwifery, may also be averted, for it is the weary, out-worked uterus that floods, not the fresh and vigorous organ.—*Am. Med. Ass. Jnl.*

Corrosive Sublimate in Midwifery Practice.—M. Tarnier has used a solution of bi-chloride of mercury as an antiseptic with great success (*Journal de Therap.*, February 15th, 1883; *Glasgow Medical Journal*, August, 1883). He requires every nurse and student, or any one who has to approach the patient to wash his hands in the solution. When the patient is taken into the hospital she has a bath, if it is found convenient. The whole of the genital region is then bathed in a 1:2000 solution and the vagina is thoroughly injected with the same; a compress soaked in the same solution is then placed over the parts. During labour the injection is renewed every three hours, and after delivery another injection is given and the parts sponged. If the labour is normal and everything goes on well the parts are simply sponged with 1:80 carbolic solution and covered with a compress soaked in the same. The sublimate solution is however used if any portion of the membranes remain in the uterus, if there is sloughing or if the lochia turn fœtid. The vaginal injection is given from five to six times a day. Of 350 women treated this way only one died. Under the influence of the sublimate solution the lochial discharge loses all trace of fetor in one or two days and the fever rapidly diminishes. No case of salivation was met with among the patients or attendants.—*Maryland Medical Journal.*

Dr. Montgomery concludes an article in the *Med. and Surg. Reporter* on the value of external examination and manipulation as a means of diagnosis in obstetrics as follows: Since the discovery of the pulsations and their varying frequency, it was seen that the greater rapidity was invariably associated with female children, and the contrary with male. Upon this Frankenfeld proclaimed the theory, in 1859, that the sex of the fœtus in utero could be foretold as soon as the pulsations were distinctly countable. In fifty cases he predicted the sex correctly in all; twenty-two being boys and twenty-eight girls. The average pulsation for the boys was 124; for the girls, 144. It has been found later, however, that the size of the child was much to do with the frequency of the pulse. My observations in the Philadelphia Hospital lead me to place great reliance upon the table formulated by Dr. Wilson, of Louisville, which is as follows: From 110 to 125, almost certainly male; from 125 to 130, probably male; from 130 to 134, doubtful; chances in favour of a male; from 134 to 138, doubtful; chances in favour of a female; from 138 to 143, probably female; from 143 to 170, almost certainly female. — *Weekly Medical Review.*

Dr. T. N. Bradfield, in the *New York Medical Journal*, reports a case of a young girl suffering from an immense hæmatocele, for whom hot vaginal injections were ordered to be continued for an hour, three or four times a day. After six weeks use numbness was complained of down the inner sides of the thighs, pain in the knees, and a constant tingling in the toes. These symptoms gradually increasing until a week later the power to stand or walk alone was completely lost. The injections were discontinued for eight or ten days, with some return of strength and other decided improvements, with a relapse, speedily following a renewal of injections. Dr. Emmet had not met with a similar case, and suggested as a probable cause pressure upon the pelvic vessels by the large tumour. But the woman had suffered for two years with this tumour, and symptoms of paralysis supervened only after the injections, and improved on their cessation.

M. Ferré reported the case of a young hysterical woman and a morphiomaniac, who

became pregnant, and in due time was delivered. The attempt was made to gradually reduce the dose of morphine, but each time the dose was lowered severe uterine colic came on, which prevented the discharge of the lochia. For 80 hours after birth the infant did not sleep, and even during pregnancy the child strangely resented the absence of morphine.—*Gaz. des Hôp.*

W. D. Babcock, in the *Am. Jnl. of Obstet.* recommends a pad of absorbent cotton placed around the umbilical cord in place of the nasty, greasy bits of rag usually employed. In his hands it has proved satisfactory.

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, DECEMBER, 1883.

OUR PROVINCIAL UNIVERSITY AND ITS ENDOWMENT.

All members of the profession, and especially those who are graduates of Toronto University, must feel deeply interested in the discussion now going on with reference to that institution.

The position of matters (to speak briefly) is as follows. Our National University forms a part of our magnificent system of free education in Ontario. It is not governed by any one denomination or sect, but is free to all with no distinction as to creed, rank or wealth. At its inception it was nobly endowed and the results have been most gratifying. The evidences of the growth and success of the University and College are ample. The numbers of students have increased to such an extent that the authorities are now sadly perplexed in furnishing sufficient teaching, or even room for their large classes. In these rapidly advancing times the work is necessarily becoming much extended, especially in the Sciences. As the increased teaching required from the staff is largely of a practical character, the work lately has become enormously augmented, and it has been found necessary in consequence to appoint a number of Fellows to assist the Professors.

The Senate, after a careful consideration of the whole question last year, brought in a report recommending the establishment of several new chairs, the division of the work in some of the present departments, the erection of a new Examination Hall, and many additions to the equipments. These are actually necessary if the institution is to retain its condition of thorough efficiency.

Surely there can be no doubt in the minds of the public that, while this great Province is growing so rapidly and so substantially, the efficiency and usefulness of its National University must be maintained; and it requires no abstruse mathematical calculation to prove that a fund, which was amply sufficient twenty years ago, falls far short now, when during the interval the number of its students has increased threefold, and the work of its professors to a more than proportionate extent.

Where then is the required addition to the endowment to come from? Two sources are spoken of: first, the graduates, to whom some say an appeal should be made: second, the state, whose property it is and whose duty it is to maintain it properly. The alumni of Toronto University (as must necessarily be the case in every young country) are not a wealthy body and even if they were, could hardly be expected to endow an institution owned and controlled by the State. No one ever thinks of asking the ex-pupils of our Public or High Schools to contribute towards their support. The State should continue to support its own

University, and we are surprised that any opposition should be offered to such a course.

Many of the friends of the Rev. Principal Grant, of Queen's University, were considerably amazed and sadly disappointed at his recently expressed opinions on this question. The people of this Province had acquired the highest respect and esteem for this distinguished scholar not only on account of his great ability, but through reason of those broad and liberal views formerly enunciated on educational questions, which present so marked a contrast when compared with his recent utterances, in which he appeals to the selfish interests of certain classes, sects and localities. If he, and other worthy men, such as Dr. Nelles, Hon Mr. Allan, &c., are successful in their efforts to prevent giving any aid to Toronto University, the result will be to kill that Institution, while it adds no strength to the Denominational Universities. Such a retrograde movement would be sad in the extreme, and the dark wave thus set in motion would probably not stop until it reached and affected injuriously those excellent Sectarian Institutions of which these men are now the champions.

When we speak to the Medical Graduates of Toronto University we address a large and powerful constituency and we hope they will do all in their power to encourage our government to support properly, the great Copestone of our grand Educational system. To them we recommend for careful consideraton, the following sentence from the address of the Hon. Ed. Blake, Chancellor of Toronto University, recently delivered at the dinner of the Toronto School of Medicine, which we hope fully accords with the views of the great mass of the people in this province: "I will take leave to say that that institution, which has been and is being maintained at the public cost, and under the inspection rightly of the public eye, demands from friend and foe no more than this, that there shall be a vigilant inspection, and that there shall be also a hearty encouragement, and that whatever is essential to keep it in a condition of vigour and efficiency must be done by the province, so long as it maintains it at all."

THE TORONTO MEDICAL SCHOOL DINNERS.

The two dinners of the Toronto Schools given by the Students were probably the most successful medical banquets ever known in this city. As a pretty full report of the proceedings appeared in the daily papers, it is quite unnecessary for us to give minute details.

The Toronto School dinner took place in the Queen's Hotel, Nov. 13th. Among the guests who responded to toasts, were His Grace Archbishop Lynch, Hon. Ed. Blake, Rev. Dr. Sutherland, Rev. Prof. Clarke, His Worship the Mayor, Hon. Alex. McKenzie, Alderman Clarke, M.P.P., Rev. Dr. Castle, Mr. Bryant, (Galt Coll. Inst.), Dr. O'Reilly, Dr. Temple, Mr. Johnson, (Trinity Student), Mr. McInerney, (McGill Student), Mr. Herald, (Kingston Student), Mr. Mitchell, (London Student). Mr. J. W. Patterson, M.A., acted as Chairman, Mr. Bascom, 1st. Vice-Chairman, Mr. Hodgetts, 2nd. Vice-Chairman, Mr. Carr, Secretary. Dr. McFarlane, responded for the Faculty, Dr. Cuthbertson for the Graduates, Mr. McDonnell, for Graduating Class, Mr. Marty for the Ladies, Mr. Leeming for the Freshmen.

The Trinity dinner was also held at the Queen's, Nov. 22nd. Among the guests who spoke were His Honour the Lieut-Governor of Ontario, Rev. Prof. Clarke, Vice-Chancellor Mulock, Rev. Dr. Sutherland, Hon. Mr. Hardy, Hon. Mr. Anglin, Dr. Beaty, Q.C., Captain Geddes, Captain Baker, Dr. O'Reilly, Dr. Geo. Wright and others. Dr. Geikie, Dean, responded for the Faculty. Drs. Stark and Baines for the Graduates. Mr. Bingham was Chairman, Mr. Hoople, 1st. Vice-Chairman. Mr. Roberts 2nd. Vice-Chairman.

The numbers were unusually large at each, the speeches excellent, the songs very enjoyable, the catering exceptionally good, and nothing occurred at either to mar the pleasure of the guests, Professors or Students.

SANITARY GATHERINGS.

The meeting of the American Public Health Association took place in Detroit early in last month. The meeting was enthusiastic and successful, both as regards the amount and the character of the work done. The Canadian representatives were well received, and added not a little to the scientific success of the meeting. The courtesies extended to the Canadian representatives were heartily reciprocated by the Sanitary Congress assembled in London under the auspices of the Provincial Board of Health on November 16th. Valuable papers were read by prominent men on questions of vital interest; some local in their nature, others applicable, universally to the Dominion. The presence of ladies at the meeting in London is a harbinger of the more general interest excited in the minds of the people in regard to the laws of health and the systematic prevention of disease. We congratulate the Board of Health on the successful result of their Congress, and hope that it will soon be followed by other gatherings with equally successful terminations.

BRANTFORD CITY HOSPITAL.

Some time ago a meeting of the citizens of Brantford was held to take into consideration the erection of a City Hospital. A Committee was formed to make suitable inquiries, and were successful in obtaining a considerable amount in subscriptions towards that object. John H. Stratford, a wealthy and philanthropic citizen has offered to build an Hospital to cost $12,000, and when finished, to deed it over to the city. The conditions attached to this munificent offer, are that the Hospital shall be strictly non-sectarian; that it shall never be encumbered or mortgaged; that the Hospital affairs shall be managed by five Governors appointed by the Council of the City, the citizens and himself, or his heirs; and that for the present the name shall be "The Stratford Hospital." In addition to the building of the Hospital, he offers to provide $400 per annum to assist in its maintenance.

The public spirit and true philanthropy manifested in this offer are worthy of all commendation. The citizens will doubtless show their appreciation of this generosity by suitably equiping and maintaining the Institution, and prove to the world that Brantford has not one, but many citizens like Mr. Stratford.

It has always seemed to us, says the *Iowa State Medical Reporter*, that two of the branches taught in Medical Schools, and as a rule, first approached by Medical Students after matriculation, should be made entirely preliminary to the study of medicine proper. When Chemistry and Anatomy are mingled in teaching, with the practical branches, the student, however zealously he may labour at them, fails to possess the interest in them that he would, if he were by their study preparing himself to study the healing art. * * * But the student well or illy prepared has entered upon his course, and he will find that much is expected of him during the present and ensuing Courses of Lectures. He will find much to memorize, and we hope much to observe. Let him apply himself thoroughly to the fundamental branches, and study up each clinical case, he will be surprised to find how much of Pathology and Etiology will cluster around a single case, and how easy it is to remember the facts associated together, when they are brought into direct relation with a human being seeking relief from our art. * * * * An institution peculiar to Medical Students is the 'quiz,' something between the cramming of academical schools, and a rehearsal; every student should join a

'quiz,' and should take every opportunity to 'quiz' and be 'quizzed.' Much trashy material will he thus handle, much that he memorizes will he have to forget, but he will acquire the habit of having his knowledge at instantaneous disposal, or as has been said, "get his brain well pigeon-holed and have the pigeon holes all labelled" and this will be of more importance to him as a physician than the temporary contents of those same pigeon holes.

During the past summer Mr. King, of the Toronto School of Medicine, while acting as Clinical Clerk for Dr. McFarlane in the hospital, received a pleasing and substantial token of gratitude from one of the patients. The patient referred to, who had a serious complication of diseases, did not remain long in the hospital, but removed to a private boarding house. While there Mr. King visited him twice a day, and carried out the treatment, which had been commenced in the hospital, and consisted chiefly in remedies to relieve his intense pain, especially hypodermic injections of morphine. The patient lived six weeks, and after his death it was found that he had left by will one thousand dollars for Mr. King, which amount was paid over last week.

The duties of the Medical Officer of Health for the city have been performed most satisfactorily by the present incumbent of that office. These duties have proved to be of a most laborious and exacting nature. That officer's time is so fully occupied by the incessant calls upon it that he is entirely precluded from all idea of the private practice of his profession. When the amount of labour involved is considered in connection with the annual salary conferred, it will be evident to every unprejudiced mind that the latter is utterly incommensurate with the former. Now that the time is approaching for the voice of the citizens to be heard, we hope that their sense of common justice will indicate the propriety of increasing the amount of the annual stipend attached to the office of their Health Officer.

University men are at present agitating the propriety of establishing a University Club in this city. Several preliminary meetings have been held, and others are in prospect. The idea appears to be feasible, and has many points to recommend it.

Six ladies have distinguished themselves as students in the South London College of Chemistry, where they have been studying with a view to passing the examinations of the Pharmaceutical Society. They intend to begin life as Druggists, and are amongst the first women who have been regularly trained at a public school for this end.

Ontario College of Pharmacy.—The opening meeting of the Alumni Association of the Ontario College of Pharmacy, for the winter term, took place on the evening of Nov. 13th. The attendance was large. Mr. E. A. Smith occupied the chair. A number of interesting papers were read and discussed.

MANITOBA MEDICAL COLLEGE.

This Medical College has been regularly established in Winnipeg. The introductory lecture was delivered by the Dean, Dr. Kerr, November 15th; and the regular work of the session commenced November 21st.

It is announced that the honour of Knighthood is about to be conferred upon a distinguished surgeon of Ottawa, as a mark of appreciation of his high professional attainments.

A Spiritual Visitor.—The *Virginia Medical Monthly* states that Sir John Rose MacCormack, has been passing the last few weeks in this country!

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Regular meeting Oct. 25th, 1883.

The President, Dr. Graham, in the chair.

Drs. W. H. Aikins, Hearn and Pickering were proposed for, and Dr. Oliver admitted to membership.

Dr. Smith for Dr. Spencer presented patients—a family of four, all affected with a skin disease which had been diagnosed scabies and treated unsuccessfully with the Ung. Sulphuris. The President considered the diagnosis to lie between Pediculi, Molluscum Contagiosum, Impetigo Contagiosum and Scabies. It was probably the latter.

Dr. Cameron thought the affection was Scabies and suggested the cause of failure of treatment might be due to excessive strength of the ointment employed.

Dr. McPhedran presented two specimens of cancer of the uterus.

The pelvic viscera from a woman æt. 52, who died from uterine cancer. She was the mother of eight children. She had symptoms of the disease for two years but she was not seen till three months before death, when the cervix was found to be completely destroyed and the uterus fixed. About two months before death, the posterior wall of the bladder was perforated by the disease, after which, the urine dribbled away as secreted. This was however rather a comfort than otherwise as it gave relief to vesical irritability which for sometime previously had been a cause of much distress. The bowels acted naturally and without pain throughout.

On post-mortem examination the uterus was found destroyed slightly beyond the internal os. The upper part of the vagina and the whole of the posterior wall of the bladder including the orifices of the ureters were also destroyed. There was a good deal of infiltration around these parts, but the rectum was not implicated, nor were the ureters contracted by the deposit as in the case below. No history of cancer in the family.

The pelvic viscera, kidneys and ureters, from a woman aged 33½, who also died from cancer of the uterus. This woman had borne four children, the youngest four years ago. She had suffered from disease of the cervix, probably laceration, since the birth of her last child. During last winter, there was some ulceration of the cervix but its malignant nature was scarcely suspected. In May, when she first came under Dr. McPhedran's observation, the cancerous nature of the disease was unmistakable. The disease was confined to the cervix and amputation was therefore advised, but as immunity from return could not be promised the advice was not followed. No family history of cancer could be discovered. Nitric acid was applied at intervals with temporary benefit, though it always caused tenesmus. The fetor was lessened as much as possible by irrigating the vagina with a weak solution of carbolic acid, and the introduction of iodoform suppositories. To control moderate hemorrhages 2 or 3 oz. of saturated solution of alum, was thrown into the vagina and retained as well as possible in contact with the bleeding surface by elevating the hips. The severer hemorrhages were controlled by the application of nitric acid or liquor ferri subsulphatis. Vomiting, always more or less troublesome, became persistent towards the end, scarcely anything being retained during the last three or four weeks. Tenesmus caused great suffering for a few weeks before death. Occasionally an enema would bring away a small lump or two of fæces and relief would follow. Death took place from asthenia on October 18th.

Autopsy.—The body greatly emaciated and exsanguine. Many of the arteries were filled by decolourized fibrine. The transverse colon was V-shaped, the middle of it being behind the pubes but not adherent, nor was the great omentum, which was reduced in size in proportion to the great width of the transverse meso-colon. The stomach was vertically placed, the pyloric orifice being to the left of the middle line. The ureters and the pelves of the kidneys were dilated and filled with urine. The kidneys were very pale; the medullary part considerably atrophied. The body of the uterus was normal, but the cervix was completely destroyed. The bladder was healthy, but the disease had extended into the vesico-vaginal septum, and showed on the peritoneum between the uterus and vagina. Posteriorly the ulceration was more advanced, and had extended into the *cul-de-sac*. To this point a loop of the large bowel, formed of sigmoid flexure and rectum, and the apex of the vermiform appendix, which

was about six inches long, were adherent. These structures, as well as the tissues about the point of adhesion, were infiltrated with cancerous deposit. There was a good deal of infiltration on each side of the uterus; this pressed on the ureters, interfering with the flow of urine; hence their dilatation. The ovaries were also affected. Some of the sacral and lumbar glands were enlarged, but not much indurated. No secondary deposits were found in any of the other viscera.

The variety of carcinoma in these two cases is a matter of doubt which even the microscope may not settle. They may belong to the squamous epithelial, cylindrical epithelial, or medullary type. In thirty-four cases of amputation of the cervix for malignant disease Galabin says he found epithelial *nests* in five. In several others no nests were found, but the presence of large masses of cemented cells pointed to a probable origin from squamous epithelium. A few resembled in structure the cylindrical epithelial cancer, and evidences were found indicating that their origin was in the mucous glands. A small number of the thirty-four proved to be sarcomatous. (Diseases of Women. Galabin.) In the second case, the age, according to some authorities, would render medullary cancer improbable. The late Palfrey, of the London Hospital, saw only four cases of medullary cancer of the cervix in patients under forty years of age, and he confined the term epithelial cancer to the vegetating epithelioma or cauliflower excrescence, and gave the name medullary to all cases in which there were destruction of the cervix and infiltration of neighbouring tissues.

As to treatment, the first case was too far advanced when first seen for anything to be done but palliate the symptoms. In the second case, however, removal of the cervix and thorough cauterization of the stump by the galvanic cautery or with bromine, or zinc chloride, might have eradicated the disease; it would, at least, probably have mitigated its subsequent course.

At the last meeting of the British Medical Association, the treatment of uterine cancer was very fully discussed, and amputation of the cervix, when possible, followed by cauterization, was the plan very generally recommended. Many cases were reported in which such treatment was followed by immunity for several years.

Dr. McPhedran also presented the larynx of a boy, with the history of the case. (Will be published.)

Dr. Oldright in such cases recommended the administration of emetics and the inhalation of steam.

Dr. Holmes spoke in favour of turpeth mineral. Fordyce Barker considers it perfectly safe and efficient.

Dr. Cameron had used turpeth mineral without producing emesis; fatal purgation, however, resulted. He thought that in cases like that under discussion the larynx should be opened and artificial respiration tried, even ten or fifteen minutes after apparent death.

Dr. McPhedran stated that in August, 1882, J. H., an infant æt. 5 months, was brought to me for advice, on account of a croupy cough, which was growing worse. Though small the child was well nourished. It was directed to be kept in a warm room, in which steam was generated, and a sedative mixture ordered. Two powders of turpeth mineral, 3 grs. each, were also given to be used only if the dyspnœa at any time became severe. That evening, though the symptoms were not severe, one of the powders was given, only part of it was swallowed, the rest finding its way out of the mouth with the saliva. Very shortly there were symptoms of distress, and vain attempts at vomiting. As no vomiting occurred in fifteen minutes, the other powder was given with the effect of making matters worse. The child was seen a few minutes afterwards, and was found in much distress, and making fruitless attempts to vomit. The tongue was slightly whitened, and the throat filled with mucus. The bowels shortly began to move, the first motion being dark yellow, the subsequent ones consisted of white, lumpy mucus and water, with occasionally yellow particles. The discharge soon became almost continuous. Nothing could be swallowed, and enemas could not be retained. The pain and efforts at vomiting became paroxysmal, and grew less and less frequent. Death took place in twelve hours.

A few weeks before medicine from the same bottle was given to a child under two years old, suffering from diphtheritic laryngitis. It produced prompt, easy, and full emesis, without depression, and a similar effect was confidently expected in this case.

Dr. Sweetnam presented a tumour re-

moved from the abdomen of a woman; it was situated over the pubic symphysis.

Dr. Cameron presented interesting pathological specimens, and outlined their histories.

The meeting then adjourned.

TRINITY MEDICAL SCHOOL LITERARY AND SCIENTIFIC SOCIETY.

Inaugural Meeting, Nov. 10th., 1883.

The commodious theatre of the school was well filled by students and their friends, male and female.

The proceedings were opened by the introduction, in a neat little speech by M. McCullough, of the President, Dr. Sheard.

In replying to the introduction the President in a few well chosen words gave his opinion of medical students, a class of men who are not incapable of heroic, though unobtrusive self-sacrifice; a class to which he was proud to say he still belonged. When the position of President of this new society was proffered, his first thought was to refuse the honour because of his already numerous and burdensome responsibilities. But when he considered that it was a society of students and for students, he determined to accept the offer and show his appreciation of it by aiding the investigations and furthering the interests of the medical students not only of this school, but of Canada.

A programme had been prepared and was faithfully carried out, and included songs by individual students as well as college songs and choruses.

The President chose as the subject of his inaugural address the Science of Medicine and its Advance. He traced the history of medicine from its early Grecian home through the centuries to the present time, showing how it had steadily advanced to truth, through errors, and concluded a very interesting address by an eloquent and touching reference to the latest martyr to science, the death of the youthful Thuillier on the sandy plains of cholera-stricken Egypt.

Dr. Graham, the President of the Toronto School of Medicine Medical Society, who was present being called upon expressed the pleasure he felt upon being present and congratulated the students upon the cordial feelings of friendship that existed between the students of the two schools as well as between their professors. He looked upon Toronto as the great medical centre of the future and saw no reason why there should not in a short time be 800 or 900 students or even more receiving their professional education in the city. He pointed with just pride to our magnificent hospital, whose governing authorities showed every disposition to carry out the desires of the teachers, and facilitate and increase the clinical resources of the institution. The very rivalry which existed between the schools he looked upon as beneficial being an incentive to more thorough instruction. The inauguration of these societies in connection with the schools he regarded as an evidence of the desire on the part of the students to aid the efforts of their teachers and to supplement their endeavours by further study.

Dr. Burns, the territorial representative to the Medical Council, said that he was present there to-night as the representative of the profession at large, they could not all be teachers. In regard to the Council he said, that although at times exception had been taken to the examiners appointed, yet it had always been their endeavour to procure impartial though strict examiners. He hoped that if they could rid themselves of the present incubus of a building which they now possessed, that a commodious hall would be built in a central portion of the city, which would be suitable for such meetings as the present and for the accommodation of the other Medical Societies, which occasionally honoured Toronto with their presence.

Dr. O'Reilly, the superintendent of the General Hospital, was received with prolonged and voiciferous cheering. He stated that he had been invited to be present as a spectator, and was therefore not prepared with any subject of interest to the students. He referred to the large number of students now attending the Hospital and expressed his determination to carry out in the future, as he had endeavoured in the past, every improvement that would redound to the comfort, convenience, and the instruction of the students. He hoped for his own personal comfort that he would not be troubled with many more enthusiasts on the Hospital staff like Drs. Graham and Sheard. His carpenter had no rest. At present he was engaged in fitting up a new Pathological lecture room. He was pleased to see so

many freshmen this year and hoped soon to be better acquainted with them.

After singing the National Anthem the meeting adjourned.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

The regular monthly meeting of the Hamilton Medical and Surgical Society was held on the 20th instant in the Royal Hotel. Dr. Leslie, President, in the chair, with the following members present :—Drs. Macdonald, Mullin, McCargow, Case, F. Woolverton, A. Woolverton, Lafferty, Malloch, Philp, Reynolds, and Robinson.

The minutes of last meeting were read and confirmed.

Dr. F. Woolverton, resident physician of the Hamilton General Hospital, presented the following pathological specimens :—The femoral and popliteal arteries, with an embolus extending from below the origin of the profunda to the middle of the popliteal space. The patient was admitted into the hospital under the care of Dr. Mullin, with a small ulcer and necrosis of the last phalanx of the great toe, which was thought to have been caused by frost-bite. Subsequently the toe became gangrenous, and the disease extended upwards, involving the foot and lower part of the leg. There was also gangrene of the integument over the patella. The general condition of the patient did not favour amputating, death occurring through asthenia. Dr. Woolverton also presented an aneurism of the abdominal aorta. The patient had been in the hospital for several months under the care of Dr. Geo. L. Mackelcan.

Dr. Malloch gave the history of a case occurring in his practice. Mrs. P., æt. 35, supposed to be three months pregnant, suffered from severe vomiting.

A similar illness had occurred in a previous pregnancy, which was controlled by rest and the usual remedies. In the present case the vomiting was persistent, and the patient's condition becoming alarming it was resolved to produce a miscarriage. In the early part of September, a sound was introduced, and sea tangle tents used. The uterine action however did not expel the contents, but as the irritation of the stomach ceased further interference was suspended. On a return of the symptoms in the early part of this month, the os was dilated with sea tangle tents, so that the finger could be introduced. The patient being chloroformed the uterus was emptied of a small lump of degenerated placenta, which was produced for inspection by members.

Dr. Mullin, gave an interesting account of his visit to Boston, at the celebration of the Centennial of Harvard Medical School. (See page 367.)

Dr. Malloch, spoke approvingly of the course of Medical study in Harvard, and pointed to the similarity to that pursued in the schools of Edinburgh and Glasgow.

Dr. Macdonald, stated that he regretted that the system of yearly examinations had not been continued by the Council of the College of Physicians and Surgeons Ontario, and referred to certain difficulties in the way. He thought it would be of great advantage to students if they gave special attention to Anatomy, Physiology, and Chemistry in the first two years of their studies, and afterwards devoted themselves to the more practical branches of Medical study. The Society then adjourned.

Book Notices.

Delayed and Non-Union of Fractures. By N. Senn, M.D., Milwaukee, Wis. (Reprint from *Weekly Medical Review.*)

Infusion of Jequirity or Licorice Bean in Inveterate Pannus. By Edward S. Peck, M.D. (Reprint from the *Medical Record.*)

Weekly Health Map and Meteorological Record. Issued by Provincial Board of Health, Ontario, P. H. Bryce, M.A., M.D., Secretary.

Report of Proceedings of the Illinois State Board of Health. Quarterly Meeting, Chicago, October 18, 19, 1883, John H. Rauch, M.D., Sec.

The Antipyretic Treatment of Typhoid Fever. By G. C. Smythe, A.M., M.D., Greencastle, Ind. (Reprint from *Cincinnati Lancet and Clinic.*)

Quarterly Retrospect of Surgery. By Francis J. Shepherd, M.D., C.M., M.R.C.S., Eng. (Reprint from *Canada Medical and Surgical Journal.*)

Weekly Bulletins of Health in Michigan, Meteorological Reports October and November, together with Monthly Mortuary Statis-

tics of City of Lansing, for October. H. B. Baker, M.D., Sec. State Board of Health.

A Case of Severe Purulent Inflammation of the Middle Ear with Restoration of the Drumhead. Consecutive Dentalgia without Caries. By Edward S. Peck, M.A., M.D. (Reprint from *The Independent Practitioner.*)

An Examination of Some Controverted Points of the Physiology of Voice, especially the Registers of the Singing Voice and the Falsetto. By T. Wesley Mills, A.M., M.D., L.R.C.P., London. (Read before the *American Association for Advancement of Science,* and reprinted from *Journal of Physiology,* Vol. IV., No. 2.)

Transactions of the Saint Louis Obstetrical and Gynæcological Society, 1882-83. (Reprint from the *St. Louis Courier of Medicine.*

The papers here presented are all of high merit. The interest excited by their perusal is excelled only by that afforded by the perusal of the discussions upon them. We know of no Society Reports in which the discussions display so great and so varied a fund of information, nor which bring the speakers in such close personal relation with the readers.

The Treatment of Wounds; Its Principles and Practice—General and Special. By Lewis S. Pilcher, A.M., M.D. New York: Wm. Wood & Co., 1883.

This constitutes the August number of Wood's Library of Standard Medical Authors. It will prove one of the most interesting, as it is one of the best of the Series. The name of the distinguished author gives a guarantee that the antiseptic treatment of wounds will be ably advocated, and that all the subjects of which he treats will be handled carefully, judiciously, and scientifically. We can heartily recommend the work to all who expect ever to meet with a wound, and who desire to treat it *secundum artem.*

The Roller Bandage. By Wm. Barton Hopkins, M.D., with Seventy-Three Illustrations. Philadelphia: J. B. Lippincott & Co.

This is a very good little book of 90 pages, designed to inculcate the art of bandaging by illustration rather than by precept, and evidently by an adept both in bandaging and teaching. The drawings are made from photographs of bandages applied to the living model. It is rather curious that the convenient method of rolling the bandage over the inclined thigh with the palm of the hand receives no notice. Comment on the publishers' work is quite unnecessary.

Physician's Visiting List (Lindsay & Blakiston) for 1884. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street.

This well-known List is again to the fore. It is only necessary to say that this is its Thirty-third annual appearance; that it presents its old features of excellence, and in addition revised Posological Tables, a List of New Remedies, Sylvester's Method of Artificial Respiration, illustrated, and a Diagram of the Chest.

What to do First in Accidents and Emergencies. A Manual Explaining the Treatment of Surgical and Other Injuries in the Absence of the Physician. By Charles W. Dulles, M.D. Second Edition, Revised and Enlarged, with New Illustrations. Philadelphia: P. Blakiston, Son & Co., 1883.

This is an excellent little manual of domestic Medicine and Surgery, conveying within 100 pages and in clear and intelligent terms, brief directions for the management of cases in emergencies or until skilled services can be obtained. The work is calculated to be of great service to unfortunates in securing for them rational prompt attention, and saving them from ignorant meddlesome interference at the hands of bystanders.

A Manual of Pathology. By Joseph Coats, M.D., Lecturer on Pathology in the Western Infirmary, Glasgow, etc. Philadelphia: Henry C. Lea's, Son & Co.; Toronto: Hart & Co.

We are very much pleased with this book, which for General Practitioners and Students, comes nearer to our idea of perfection than any we know on this subject, within the same dimensions. The author includes both Pathological Anatomy and General Pathology, and the work is more comprehensive on that account. The style is exceedingly good, being plain, concise, and practical, without being like a dictionary. We regret that some of the plates are not what we would like to see, but otherwise the Publishers have done their work well. We have pleasure in recommending it to students, as we think it especially well adapted for their use.

Quiz Compends: Materia Medica and Therapeutics. By J. O. L. Potter, A.M., M.D., and *Surgery.* By Orville Howitz, B.S., M.D., with Fifty Illustrations, 1883. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street.

These numbers, 6 and 9, of the Quiz Series, are excellent little compilations from the standard authorities on the subjects, and owing to their very convenient shape and size, constitute admirable *Vade Mecums* and Remembrancers for students. That on Materia Medica is issued in the form of Question and Answer.

Elements of Histology. By E. Klein, M.D., F.R.S., Joint Lecturer on Anatomy and Physiology, St. Bartholomew's Hospital, London. Philadelphia: Henry Lea's, Son & Co.

This little Manual of Histology is published especially for the use of Medical Students. To those who are anxious to have a great deal within a little space, it will be very acceptable.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland. Eighty-fifth annual session 1883.

The Medical and Chirurgical Faculty of Maryland, in the present volume of their transactions preserve their reputation for learning and science as well as the practical application of these to the exigencies of our profession. Time and space will not allow us to make more than a passing mention of the contents of this volume. After the record of the minutes and the reports of the various committees, appears the address of Dr. W. M. Kemp, the President. Dr. John S. Billings, delivered the annual address choosing as his subject Medical Bibliography. Then came the reports of the various sections: Surgery, Dr. Coskery; Medicine, Dr. Thomas; Obstetrics and Gynæcology, an excellent paper by Dr. W. T. Howard; Materia Medica, etc. Amongst the invited papers special mention must be made of H. Newell Martin's, on "The Direct Action of Ethyl Alcohol upon the Heart." Amongst the volunteer papers an account of Liernur's Pneumatic System of Sewerage, by Dr. C. W. Chancellor, is of interest.

Types of Insanity an Illustrated Guide in the Physical Diagnosis of Mental Disease. By Allan McLane Hamilton, M.D., New York: Wm. Wood & Co.

The forcible and accurate description of the insane patient, is drawn with the facile pen and in the singularly lucid style of the well known author; and without the aid of the accompanying plates would be sufficient to cause the veriest tyro in psychological medicine to recognize the type indicated. The book made up in a very neat style, contains thirty-six large pages of letter press consisting of five chapters. Chap. I. Treating of the General Appearance of the Insane. Chap. II. Condition of Special Organs. Chap. III. Bodily Functions. Chap. IV. Examination of Patient. Chap. V. The Commitment of the Insane.

The plates accompanying the volume are drawn from instantaneous photographs by T. J. Manley, and are specimens of high artistic merit, They are ten in number as follows: Plate I. Idiocy. Plate II. Imbecility. Plate III. Melancholia Attonita. Plate IV. Chronic Melancholia. Plate V. Sub-acute Mania. Plate VI. Chronic Mania. Plates VII. and VIII. Dementia. Plate IX. General Paresis. Plate X. Affections of the Ear and Conditions of the Teeth in the Insane.

As is to be expected neither the camera nor the pencil can give a picture of certain forms of insanity that will be distinctive and recognisable. Such forms for instance as depend upon disorders of motility. Plate IX. pretends to represent a case of general paresis and we have no doubt the original suffered from that form of insanity, but his counterfeit presentment suggests to our mind no suspicion of insanity.

How to Draw a Simple Will with Special Information for Clergyman and Doctors and Instructions for Executors in Ordinary Cases. By D. A. O'Sullivan, M.A., LL.B., Toronto: Carswell & Co.

We entirely agree with the learned author of this *brochure* "that an unskilled person should invariably refuse" to draw up a will unless in case of necessity. It has happened to us on more than one occasion that this necessity has arisen, and our ignorance painfully impressing us, we determined in future to prevent the recurrence of such feelings by looking up the subject, and learning how to draw a will. Fortified by this laudable resolution we proceeded until a second occasion caught us in the same condition of unpardonable ignorance. Such a sense of humiliation will henceforward be impossible. Mr. O'Sullivan has prevented that. The

principle inculcated by the author in drawing up a will, and which in our attempts we carried out, is to express simply and informally the wishes of the testator. The *brochure* contains nine short chapters and two appendices pertaining to Medico-Legal matters and the Witness Box. The whole is as entirely free from "the unknown jargon of the Law" as is compatible with a due exposition of the requisite procedure. In a city like Toronto where the limbs of the law are as numerous as the lights of medicine, a case of necessity is not so likely to arise as in the country where hours may elapse before a lawyer could be obtained and a life may pass away leaving wealth and property to become the starting point of litigation and contention leading to heart burnings and the disruption of families. And all this for lack of a little knowledge of an important subject.

The Medical Student's Manual of Chemistry. By A. A. Witthaus, A.M., M.D. New York: Wm. Wood & Co., 1883.

This Manual of Chemistry is intended to meet the peculiar needs of the Medical student. The author proposes to accomplish this by suppressing, as much as possible, the merely technological portions, and giving prominence to the chemical relations of Physiology, Hygiene, Therapeutics and Toxicology. An arrangement of the matter has been adopted, which, however scientific and logical, has not been in general use, and we humbly submit that for a Medical student, with his peculiar needs, to be so suddenly plunged into the beautiful but confusing maze of the Carbon Compounds, will be calculated to dishearten if not totally to discourage him from the arduous task of attempting to comprehend the subject. Another departure from the ordinary text-book is in the Classification of the Elements. He abandons the classification instituted by Berzelius into Metals and Metalloids, from their physical properties, and substitutes a division into groups, formed upon the basis of similar chemical properties. He then forms three classes from the behaviour of the oxides of the Elements in the presence of water. A first class is formed of Oxygen and Hydrogen, which he calls *Typical Elements*. These classes are further sub-divided into groups. This classification, while ingenious and scientific, will, unless generally adopted, be apt to be confusing to the student, especially when he enters the Examination Hall.

The matter of the book is all that can be desired. Much is therein contained that will be of practical importance to the family physician in the investigation of the sanitary aspects of the surroundings of his patients, whose opportunities, and whose purse, do not permit a more thorough and close analysis. The book closes with a short sketch of Laboratory Technics, Tables, etc., and a copious index. The whole work is neat in appearance, and handy in size. The paper and typography are excellent, and the cuts possess an air of novelty.

The International Encyclopædia of Surgery. A Systematic Treatise on the Theory and Practice of Surgery by Authors of Various Nations: Edited by John Ashurst, Jr., M.D. In six volumes. Vol. III. New York: William Wood & Co.; Toronto: Willing & Williamson.

The third volume of this excellent work has just been issued. It contains contributions from two London surgeons; Mr. Edward Bellamy, of King's College, who writes the article on "Injuries and Surgical Diseases of the Lymphatics," and Mr. Richard Barwell, of Charing Cross, who writes on "Aneurism;" one Paris surgeon, Dr. Nicaise, who writes on "Injuries and Diseases of Nerves": four American physicians, Drs. Liddell, Andrews, Conner, and Wyeth, who write on "Injuries of Blood-vessels," "Injuries of Joints," "Injuries of the Muscles, Tendons, and Fascia," and "Surgical Diseases of the Vascular System," respectively.

The article on "Injuries of Blood-vessels" is the largest in the volume. The author, who had a large experience in the American Civil War, considers hæmorrhage as the most serious complication of wounds, and gives very minute instructions as to its prevention and treatment. He also gives a very large number of illustrative examples which increases materially the value of the article. Mr. Barwell's article on "Aneurism" is a very able one as might be expected. In treatment he favours Valsalva's method, but depends mostly on compression and deligation. He considers Iodide of Potassium as worse than useless in the majority of cases. The papers on "Injuries of Joints" is not so complete as one would expect to see in such a work, but is very

good. Prominence is given to Prof. Bigelow's contributions on the mechanism of luxations of the hip and his methods of treatment. Kelly's methods of treating dislocations of the shoulder, elbow, and hip, are not mentioned. Other items such as various hints on diagnosis are omitted, though we should have them. Great importance is attached to an old fashioned contrivance called Jarvis' Adjustor, but the author adds the rather discouraging information that it cannot now be procured.

The remaining articles, which are named above, are quite up to the mark, and the volume as a whole is very creditable to its authors.

Excision of the Knee-joint, With Report of Twenty-eight Cases. Illustrated by Thirteen Photographs and Wood Engravings. By G. E. Fenwick, M.D., C.M., Prof. of Surgery, McGill University. Montreal: Dawson Bros., 1883. Price, $2.25.

We welcome this little *brochure* not only as a meritorious contribution to the subject of which it treats, but especially as the work of a Canadian Surgeon. Our countrymen are very diffident about appearing in print; and we are glad that one of Dr. Fenwick's undoubted competence and ability should present this encouraging and successful example. The seventy pages of which the book is composed, are divided into two sections; the former embracing a discussion and description of the operation, the latter, a record of cases. Dr. Fenwick's special method of dealing with the bone, and which has certainly proved eminently successful in his hands, is to apply the saw to the femur from before backwards in such a way as to produce a smooth and uniformly convex surface, destined to be received into a concavity in the head of the tibia, analogously made, but the sections being carried from behind forwards.

A table of twenty-eight cases of ex-section of knee, performed in the Montreal General Hospital in the last eighteen years, is appended. This shows twenty-four cases, one death from pyæmia, two subsequently submitted to amputation, and one doubtful case. Shortening varied from half to four and a half inches. Patients' stay in bed varied from 28 to 212 days.

Chemistry: General, Medical, and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia. A Manual on the General principles of the Science and their Applications in Medicine and Pharmacy. By John Attfield, F. R. S., etc. Tenth Edition specially revised by the author for America. 1883: Henry C. Lea's Son & Co., Philadelphia.

The rapidity with which the numerous editions of this excellent manual have succeeded each other is a proof that the work has met the wants it was expected to fill. To this, the latest edition, we can add nothing to the remarks made on the last occasion on which we had the pleasure of looking over its contents. It is the Book for Medical Students of Chemistry. No other manual in our opinion, approaches it in clearness of diction, lucidity of statement and comprehensive grasp of the subject matter. It cannot fail to be a source of sincere gratification to the author to feel that he has so successfully catered to the needs of that limited public which are generally so difficult to meet satisfactorily.

Miscellaneous.

VASELINE.—Vaseline is very largely used both by the profession and the public. It is generally considered very bland and unirritating. It is well however to know that it has been frequently found very irritating, producing an eczematous eruption in some cases very obstinate in its character. At a meeting of the Cincinnati Medical Society recently held, this occasional unpleasant effect of the remedy was referred to by many of the members and Dr. Wilfert said the Vaseline used at present is not the same preparation that was formerly employed. It is frequently found to be acid. When there is any tendency to eczema caution should be observed in its use.

FROM *New Remedies* we learn that knowing manufacturers of pepsine heartlessly take advantage of the well-known sympathy between the mouth and stomach, and by placing before the doomed hog a trough of mush covered with wire netting, make his mouth water, and thus excite a sympathetic flow of gastric juice in his stomach. While thus engaged in pleasurable but fruitless anticipation, the fatal blow is struck, and it is said that the yield of pepsine from the stomach is not only greater in quantity but superior in quality to that obtained under ordinary circumstances.—*Can. Phar. Jnl.*

The Experiment and the Principle.—Dr. Holmes in his recent Harvard address relates the following anecdote about the first Professor of Chemistry. "This experiment, gentlemen," he is represented as saying, "is one of remarkable brilliancy. As I touch the powder you see before me with a drop of this fluid, it bursts into a sudden and brilliant flame," which it most emphatically does *not* do as he makes the contact. "Gentlemen," he says with a serene smile, "the experiment has failed; but the principle, gentlemen, the principle remains firm as the everlasting hills."

Personal.

Chas. Wm. Siemens, died in London, æt. 63, on the 20th of November.

H. Bence Jones, M. D., was accidentally shot in the ankle. The leg had to be amputated, and death resulted.

Dr. Frank Krauss has been appointed Examiner in German and French at the University of Trinity College.

Parkdale Board of Health have appointed Major Gray Chairman, C. F. Mansell, Sec., and G. G. Rowe, M.D., Health Officer.

Dr. McGill, of Oshawa, died Nov. 9th. He was one of the best known and highly respected among our Canadian Physicians. He was prominent in Political as well as Medical matters.

James Shuter, Assistant Surgeon to St. Bartholomew's, died suddenly on November 1st. Death was supposed to be due to an overdose of morphine, hypodermically administered by himself to relieve the pain of an attack of sciatica, accompanied with an acute nephritis.

The following gentlemen were admitted Licentiates of the Royal College of Physicians, London, on October 25th:—J. C. Bowser, M. D., McGill; Geo. Carruthers, M. D., McGill; F. J. Dolsen, M.B., E. M. Hoople, M.B., J. E. Jenner, M.B., and L. Backus, M.B., all of Toronto.

J. M. Depaul, the pupil and successor of Paul Dubois, died October 22nd at the age of 72. He was one of the founders of the Biological Society. He took a lively interest in politics. He published a number of works. His perseverance is evidenced by the numerous *concours* he passed in order to become a Hospital Surgeon at the age of 42, although he had never directed as titular a large surgical service.

The friends of Dr. L. M. Sweetnam, of this city, will be pained to hear of the accident which befel him. While driving on College street the wheel of his buggy broke, and the horse ran away. Dr. Sweetnam threw himself from the vehicle, and dislocated his right shoulder. We are glad to be able to state that his injuries, though painful, are not of a serious nature. He is progressing favourably.

J. Marion Sims, M.D., was born in 1813, in South Carolina. He graduated in medicine at the South Carolina Medical College in 1832, and Jefferson College in 1835. He settled in Montgomery, Alabama. It was there that he began that course of study, in which in after years he achieved such brilliant triumphs. With a private hospital of sixteen beds, maintained at his personal expense, and occupied chiefly by slave girls, he pursued the study of vesico-vaginal fistulæ, with "energy, endurance and enthusiasm." In 1853 he removed to New York, where he founded the Woman's Hospital. In 1861 he visited Europe, and introduced his methods of operation. He was well received, and formed numerous and powerful friends. He was invested with many honourable decorations, and was enrolled amongst the members of many of the prominent medical societies. He was President of the American Medical Association in 1875. In 1880 he suffered from a severe attack of pneumonia, from the effects of which he never entirely recovered. On the morning of the 13th of November, his death took place suddenly and unexpectedly, as the autopsy shewed from obstruction of the circulation from degeneration of the muscular fibres of the coronary arteries.

Married.

BURNHAM—SMITH—On Wednesday, 14th ult., at "Hamilton House," Cobourg, the residence of the bride's father, by Rev. Canon Stennett, M.A., Dr. George Herbert Burnham, Toronto, son of the late Dr. Burnham, Peterboro', to Frances Sarah, only daughter of the Hon. Sidney Smith, Q.C., formerly Postmaster-General of Canada.

Deaths.

MAINWARING—On the 18th inst., N. E. Mainwaring, M.D., St. George, aged 70 years.

ROGERS—At Mount Forest, on November 6th, Dr. S. R. Rogers, in the 26th year of his age.

McGILL—In Oshawa, on November 9th, Dr. William McGill, Ex-M.P., in the 77th year of his age.

DeLaHAYE—At Winnipeg, on the 20th of November, Dr. DeLaHaye, late of Toronto, aged 40 years.

THE

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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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W. H. B. AIKINS, M.D., L.R.C.P., London.

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TORONTO, JANUARY, 1884.

Original Communications.

SUPRA-PUBIC LITHOTOMY.*

BY MR. MARTIN.

The brief space allotted to the consideration and description of the operation in surgical literature, and the disfavour with which it has hitherto been regarded by the great majority of surgeons, combine to force me to make this paper somewhat of a comparison between supra-pubic and perineal lithotomy, rather than a consideration of the former operation alone. So far as I have had opportunity of reading, I have completely failed to discover any sufficient reason why this method of removing stone from the bladder has been rated so low, and kept so much in the background. The only existing cause would seem to be that it has been somewhat a departure from the old orthodox and beaten way, and its adherents have been regarded as heretics. It reminds one of the peasant, who, when taking his grist to the mill, always placed a large stone in one end of the bag and the wheat in the other to balance it across the horse's back. On one occasion, the boy, being sent with the grist, conceived the idea of dividing the wheat and thus dispensing with the heavy stone; but unfortunately for the boy's ingenuity the flour from this particular grist made bad bread, and nothing could dissuade the father from the belief that it was the discarding of the stone that spoiled the grist. So accidents attending supra-pubic lithotomy, whether resulting from the operation or not, have terrified many of its advocates into abandonment of this method; had the same mischief followed upon any other incision it might have escaped notice and the operation have gone unblamed.

A detailed account of the apparatus major was published in 1524 A. D., by Marianus Sanctus, from whom it took the name of Marian method, a median operation, which supplanted the older "cutting on the gripe;" and about this juncture the high operation or supra-pubic method was attempted by Franco. We read that his patient made a good recovery, but for some reason, not given, he disapproved of this method of operating. In 1717, Dr. James Douglas recommended the supra-pubic operation before the Royal Society, and showed from the anatomy of the parts that it might be performed with safety. However, no surgeon seems to have undertaken it until three years later, when his brother, Mr. John Douglas, performed the operation twice, both patients recovering. Shortly afterwards one of the surgeons in St. Thomas's Hospital operated four times in this way with two deaths and two recoveries. The cause of death in both cases being rupture of the peritoneum, which was so extensive as to allow the intestines to protrude through the opening.

This caused the operation to fall into disrepute, until revived by Cheselden himself,

* Read before the Toronto School of Medicine Med. Society.

from whose anatomy I copy the following paragraph :—" The next season it being my turn in St. Thomas's, I resumed the high way, and cutting nine with success, it came again into vogue ; after that every lithotomist in both hospitals (St. Bartholomew's and St. Thomas's) practiced it ; but the peritoneum being often cut, or burst (twice in my own practice), though some of these recovered, and sometimes the bladder itself was burst from injecting too much water, which generally proved fatal in a day or two. Another inconvenience attended every operation of this kind, which was, that the urine lying continually in the wound retarded the cure, but then it was never followed by any incontinence of urine. What the success of the several operators was I will not take the liberty to publish, but for my own, exclusive of the two before mentioned, I lost not more than one in seven, which is more than any one else I know of can say. Whereas in the old way, even at Paris, from a fair calculation of above 800 patients, it appears that near two in five died. And though this operation came into universal discredit, I must declare my opinion that it is much better than the old way to which they all returned." Even in Cheselden's time, notice how favourably the results of the supra-pubic method compare with other methods practiced at the same time.

In reading on this subject one cannot fail to notice the gradual decline of the once brilliant operation of lateral lithotomy. True, our ordinary text books still recognize it as the chief method, and give it special prominence and description, but our text books are almost always two or three years behind the best and newest theories of our greatest men.

Sir Henry Thompson states that all patients with stone in the bladder under the age of 13 years are proper subjects for lithotomy, and are not suitable cases for lithotrity. The death rate in these cases being only 1 in 15 or 16 after lithotomy. He also shows that in ordinary pauper and hospital practice one half of the cases that present themselves are below 13 years of age. This he proves by a careful collection of 1,827 cases, fully one half being under this age. He then goes on to prove that all cases over puberty should with few exceptions be subjected to lithotrity, and brings a whole array of strong and conclusive arguments to show how much safer and more successful lithotrity is in these cases than perineal litbotomy, being an English operator he makes no calculation on the supra-pubic plan. In this way Sir H. Thompson confines the operation of lithotomy to all cases under 13 years, all between 13 and puberty in which lithotrity is counter-indicated and a few exceptional cases over puberty. Now it is obvious that the great mass of these very cases which this distinguished surgeon reserves for lithotomy are much more suitable for the supra-pubic than for the lateral operation. More particularly those under puberty and those over that age in whom large sized calculi exist. Thus we almost dispense with the perineal operation altogether.

Let us make a brief comparison of the anatomy of the regions in which these two operations are performed. In performing the lateral operation the incision is usually made on the left side of the median raphe, commencing half way between the anus and the scrotum to a point midway between the anus and the tuber ischii, and reaching into the neck of the bladder. This incision divides the integument, the superficial fascia, the external hæmorrhoidal vessels and nerves, the posterior fibres of the accelerator urinæ muscle transversus perinei muscle, and artery (in some cases the superficial perineal vessels and nerves) deep perineal fascia, the anterior fibres of the levator ani, part of the compressor urethræ, the membranous and prostatic portions of the urethra and part of the prostate gland. In the supra-pubic an incision three inches long in the median

line above the pubes divides the integument, superficial fascia, deep fascia, and firm structures of the linea alba. In making the lateral incision the greatest exactitude is requisite. If too near the median line there is danger of wounding the bulb of the corpus spongiosum or rectum: if too far from the median line, the pubic artery is endangered as it ascends along the inner border of the pubic arch. In cutting too far forwards there is danger of dividing the artery of the bulb. Carrying the incision too far backwards may result in diffuse inflammation, peritonitis or dangerous urinary infiltration from division of the prostate and the neck of the bladder. Additional and unexpected trouble may arise in this region from an abnormal course of the arteries, notably the artery to the bulb, and the accessory pudic. Moreover the prostatic veins often become much enlarged in advanced life, and when divided give rise to troublesome hæmorrhage and a liability to pyæmia. Impotence, too, occasionally results. The only one of these dangers attending the supra-pubic operation is that of wounding the peritoneum and this can only result from carelessness as I hope to show hereafter.

In examining the coats of the bladder we find the fibres of the middle coat or sphincter vesicæ much more thickly distributed about the neck of the viscus than at the part approached above the pubes, this fact will explain in a measure, the greater frequency with which incontinence follows the lateral operation.

Again the abnormal conditions and diseases of the parts counter-indicating perineal lithotomy are infinitely more formidable than those opposing the supra-pubic operation. For example deep perineum, enlarged prostate, pelvic deformity, encysted, large or misshapen calculi are serious difficulties in the perineal operation, but offer little obstruction to the supra-pubic method, because the operator's finger can easily reach any part of the interior of the bladder, and by introducing the finger into the rectum, the stone can be directed toward the opening. In many cases the stone can actually be seen through the incision as it lies in the bladder.

Thus, when we consider the structures in the normal state as they are concerned in the two operations, the result is decidedly in favour of the supra-pubic method. In calculating the dangers to which the patient is exposed from injury to the neighbouring parts, we are convinced that the risk is infinitely less when the bladder is opened above the pubes, than in the old way through the perineum; but estimate the various abnormal and diseased conditions under which it is often necessary to operate, surely, nothing but prejudice could prevent a conclusion that it is safer for the patient, and less difficult for the operator to remove the stone by the supra-pubic method.

The usual objections to the "high operation" are (*a*) the liability to urinary infiltration and (*b*) peritonitis. But I submit it is not easy to understand how urinary infiltration is more likely to occur, or more injurious if it should occur, in the case of an incision a few lines deep through moderately firm tissue, than in the case of an opening many times as deep and dividing structures infinitely more delicate and spongy, especially when we remember that in the one case the artificial wound is below the level of the natural outlet for the urine, hence it is impossible to prevent the urine from flowing more or less freely over the surfaces of the divided tissues, and in the other, the relative position of the artificial and natural opening is the reverse, and there is actually no necessity for a drop of urine escaping through the incision. If the patient be kept on his back with a soft catheter fastened in the urethra or passed as occasion requires by a careful attendant it will be sufficient to prevent the urine from flowing over the edges of the wound in the bladder. As to

wounding the peritoneum, Dulles states that there is less danger of this accident in the supra-pubic than in the lateral method. A glance at the anatomy of the parts would convince us that nothing but ignorance could cause such a mistake. Holmes says: "The wounding of the peritoneum must be regarded as a failure in anatomical manipulation." When the bladder in the adult is moderately filled, it extends from 1½ inch to 2½ inch above the pubes; in males under 20 years of age, and in females it reaches still higher, while in children under 10 years the peritoneum as reflected from the surface of the bladder reaches the anterior abdominal wall two inches below the umbilicus. The tent-like action of the urachus also tends to protect the membrane. In case an unusually large opening into the bladder be required, or the organ be found smaller or lower in the pelvis than usual, the peritoneum may require attention. Should this state of affairs be met with, it is not difficult to reflect the membrane from the upper surface of the bladder, and have it held out of the way by an assistant. But should the peritoneum be accidentally wounded why can it not be as successfully treated as in cases of ovariotomy, &c.? Thus the only two objections stated by the most prejudiced opponents of the supra-pubic method appear to be even more frequent in operations by the lateral method. The complications and sequelæ of the lateral method are much more important, and not by any means so infrequent as is often supposed. The principal complications are primary and secondary hæmorrhage, incontinence of urine, urinary fistulæ, recto-vesical fistulæ and impotence, besides the urinary infiltration and peritonitis already alluded to. Further the nature of the divided parts produces a greater tendency to inflammation and sloughing as well as kidney diseases, erysipelas and pyaemia in the perineal operation. The abundant vascular supply in the perineum as compared with the parts above the pubes is sufficient to explain the greater tendency to hæmorrhæge. The wounding of the accelerator urinæ muscle and division of the most important part of the sphincter vesicæ, of course accounts for the incontinence which so often follows the old method. The situation of the wound below the natural outlet as before mentioned, and the consequent continued dribbling of the urine through the opening, lead us to expect urinary fistulæ as a common result. Recto-vesical fistula is not unfrequently caused by the operator's knife slipping from its guide and entering the rectum, or the bruising and laceration necessary to remove a large or encysted calculus. The position of the incision and the direction of the traction render this accident impossible as a result of supra-pubic lithotomy. Impotence results from division of the seminal and ejaculatory ducts or injury to the vesiculæ seminales and vas deferens. These delicate parts are of course entirely out of danger from the supra-pubic opening. The extreme sensibility of the parts in this region, its excessive nervous supply, its numerous lymphatics and the frequent existence of dilated and unhealthy veins cause the different dangerous constitutional complications already alluded to, such as pyæmia, erysipelas, &c.

There are conditions which render either lithotrity or lateral lithotomy unadvisable if not impossible, as oxalate of lime or mulberry calculi, very large calculi, or those occurring in the presence of stricture of urethra or sacculated bladder, encysted calculi and calculi, associated with irritable bladder or large inflamed prostate. All of these circumstances counter-indicate lithotrity and many of them impose formidable barriers to perineal lithotomy.

According to our best teachers, all calculi less in diameter than an inch to an inch and a half, occurring in healthy bladders of persons over puberty should be

crushed by the lithotrite.—excepting of course the oxalate variety. Sir Henry Thompson and a few others of course go further than this with lithotrity, but this is sufficient for our purpose, and if we agree to this teaching, we have the lithotritist restricted within those limits which include all calculi in persons under puberty, calculi above the size mentioned and those occurring under the abnormal and diseased conditions above alluded to.

Let us very briefly consider the relative value of the two operations under these several circumstances. We can at once dispose of all large calculi on the side of the supra-pubic method with the consent of all modern lithotomists. The reasons are obvious, Erichsen states that any stone measuring two inches or more in diameter cannot be removed by lateral lithotomy without great injury to the parts. He also shows that the mortality of the lateral operation is five times greater when the calculus weighs more than two or three ounces, and that these very same conditions have little or no influence in increasing the death rate in the supra-pubic method. Dulles has forcibly shown from carefully collected statistics that when the weight of the stone exceeds two ounces the results are directly in favour of the supra-pubic operation. It has been shown that it is much less difficult to manipulate an encysted calculus through an opening above the pubes than through a perineal incision. A strictured urethra or diseased prostate is a serious obstacle to lateral lithotomy, but does not militate materially against the high operation. That the supra-pubic is preferable to the lateral operation in all cases under puberty will, I think, be conceded by all who consider the high position of the bladder at this time of life, together with the liability to complete separation of the neck of the bladder owing to the tender and immature state of the parts, and the greater tendency to induce impotence and sterility at an early age.

I consider it very unjust to the supra-pubic operation to quote statistical comparisons without reference to the age of the patients or the size of the stones as is usually done by the supporters of the other methods, because the very worst cases and these only have hitherto been handed over to the high operation. However we are not afraid of the statistics, even under these conditions. I shall quote a few. Dulles finds that in 2,478 cases operated on by the lateral method, the average age of which was 28 years, 378 proved fatal or one death to 6.55 recoveries. While out of 364 cases averaging in age, 39 years, 103 died, or one out of 3.53 when operated on by the supra-pubic method.

The average weight of the calculi removed by the lateral operation was 7.25 drs.: those by the supra-pubic 32 drs. In the lateral, the average weight of the calculi taken from the patients that recovered was 5.02 drs. In the supra-pubic the average weight in the recoveries was 25.44 drs. Thus we find that the average age of those subjected to the supra-pubic operation is 11 years above that of those treated in the old way, and the weight of the calculi extracted 4½ times greater. Out of 478 cases operated on in this way only 6 died from peritonitis, and 7 from urinary infiltration. In the same 478 cases, protrusion of the intestines occurred in 13, while 3 only died from this accident. Lizars gives two statistical tables. In the first he found the death rate to be 5 in 40, in the second 19 in 100.

M. Belmas, gives the death rate as 1 in 4.
Gross, as.....1 in 4 8/13.
Maund, as .....1 in 8.

So that the statistics are not so alarming as many of the adherents of the older methods would teach us. When the age of the patients, and the size of the calculi are also admitted in the comparison the result is quite favourable to the supra-pubic operation.

I shall read brief notes on a few cases several of which I have seen:

No. 1. Patient a male 65 years of age, very fat and stout, weighing over 300 lbs., had been a hard drinker all his life. Lithotrity had been attempted and failed. The surgeons he consulted had refused to undertake the perineal operation thinking he must inevitably die if operated on.

The medical man with whom I was staying performed the supra-pubic operation and removed six calculi, the largest measuring over an inch and a quarter in diameter. The patient made a rapid and complete recovery.

No. 2. Male, aged 66, very weak and decrepit, his death had been expected for weeks. For several months his sufferings had been extremely severe. The doctor hesitated about performing the operation while the man was so low, but finally yielded to the most urgent requests of his patient. The interior of the bladder was found to be in a terrible state from inflammation and irritation. One stone of the phosphatic variety was found. Size, an inch and a half in diameter. The wound healed slowly, but completely. The patient died about 3 months after the operation. There was no doubt the operation prolonged his life.

No. 3. Patient, male, aged 67, healthy and in every respect excepting age a favourable case for operation. He had submitted to lithotrity some years previous, and he came home assured that he had been cured. At the operation twenty-five calculi were removed, the smallest being more than half an inch in diameter. They all presented rounded angles and edges, giving evidence that they had arisen from new deposit upon the irregular fragments of the original calculi which had been reported cured by crushing years before. Recovery was rapid, perfect, and without an untoward symptom.

No. 4. Patient, male, aged 56, strong and healthy. One stone found measuring two inches in diameter. Recovery perfect.

No. 5. Patient, a boy, aged 6, one mulberry calculus an inch in diameter, recovered. Recovery retarded by incessant vomiting. He had entirely recovered within a month.

No. 6. Patient, male, aged 76, very weak and apparently sinking. One stone two inches in diameter removed. Patient appeared to be doing well, but at the end of a week he sank and died. The wound was in a healthy condition and his temperature was never above normal after the operation. His regular medical attendant agreed with the surgeon who operated, that death resulted from causes entirely independent of the operation.

No. 7. Patient, male, aged 64. Two stones removed one two inches in diameter the other an inch and a half. The patient was greatly troubled with urethral rheumatism from retaining the catheter, so much so that finally the instrument was left out altogether and the urine allowed to escape through the wound, until cicatrization took place. Recovery was perfect.

I should say that these cases were not by any means selected, as the surgeon who performed them operated on every patient that presented himself.

NEPHROTOMY FOR PYONEPHROSIS.

A. H. WRIGHT, B.A., M.B.

J. P., male, æt 37, a shoemaker, born in Ireland. Admitted to the hospital, April 27th, 1883. Nothing special in family or previous history. Thinks he never had gonorrhœa although he had two sores on penis twenty years ago.

Since last September has had "trouble with his bladder," frequency of micturition and pain felt near end of penis. At first the pain was worse before micturition but lately worse at close of the act. Noticed three small blood clots in March in chamber after voiding urine. For a short time in March and April a little blood followed urine occasionally.

The pain is now very severely felt near

end of penis, especially at close of micturition. Passes water four or five times an hour during the day and nearly as frequently at night. Unable to work during last two months.

Ordered, acid benz., sod. bibor., and infus, buchu.

May 3rd, stricture found in bulbo-membranous portion of urethra, admitting Number 1 English catheter, prostate tender per rectum, and slightly swollen. Less pain and frequency of micturition. Blisters applied to perinæum. Examination of urine showed abundance of pus cells, a little albumen—sp. gr. 1012—acid reaction —no casts. Endeavoured after this to dilate stricture by simple dilatation but failed. Then tried continued dilatation commencing with a No. 1 English, which was retained three days and then a No. 2 was used. In twelve days the stricture would only allow the passage of No. 5. Could not find calculus in bladder.

During latter part of May appeared better had less frequency in micturition, but in June was worse again and had occasional increase of temperature.

June 19th.—Passed a Holt's dilator, intending to "rupture" stricture, but as a severe rigor ensued, it was at once withdrawn.

July 12th.—Performed external urethrotomy with a guide, and allowed urine to flow through perinæal opening. The stricture was cut through without any difficulty. The bladder was explored easily but was found to contain no calculus nor abnormal condition of prostate. Bladder apparently slightly contracted.

Pain much relieved by operation and instead of passing urine every 10—30 mins. was able to retain it about two hours; was in good spirits as he thought his condition vastly improved.

In August it was found that pus still passed sometimes by the perinæal opening, sometimes mixed with urine, and occasionally alone, either at commencement or end of micturition. Sometimes urine appeared quite clear for a day or day and a half, and then a quantity of pus would pass, either alone or with the urine. At one time after an interval of nearly two days about an ounce of pus passed alone. Careful questioning at this time elicited the fact that there was occasional dull pain in right loin, not descending towards groin, apparently worse before the passage of pus. A careful examination on various occasions showed no certain signs of swelling in this region.

Urine examined frequently without discovering anything new. Reaction always acid. Some albumen, probably no more than presence of pus would account for, no casts. During this month (Aug.) the perinæal wound closed up for a few days but again opened and remained so during life. Some urine passing through fistula and some through urethra. Occasionally had chills and increased temperature and attacks of diarrhœa, which were generally easily controlled.

In September he seemed somewhat better and passed less pus; worse again at end of month; had chills, loss of appetite and irregular, sometimes high temperature; slight signs of swelling in right loin suspected.

October 15th.—Percussion showed dulness, limited to a space not greater than a finger-breadth, midway between last rib and crest of ilium. There appeared to be a slight swelling when the two sides were carefully compared. No fluctuation could be made out.

October 18th.—The large needle of aspirator was introduced midway between last rib and ilium, six inches from spine; it passed easily into a good-sized cavity from which seven ounces of pus escaped.

Examination of urine showed no special change; felt rather better after use of aspirator, but in four or five days' diarrhœa returned: evacuations slightly dysenteric in character.

October 28th.—Nephrotomy performed in theatre with antiseptic precautions, in-

cluding the spray; patient under ether which he took badly; ordinary lumbar incision commencing at last rib, three inches from spinous processes, passing downwards and slightly outwards to crest of ilium; passed through portions of latissimus dorsi, and then cut through lumbar fascia and transversalis fascia on a director. Then passed finger past outer edge of quadratus lumborum. The tissue behind kidney (principally fat) was scraped away, mostly with finger, when sac came in view. This was seized with a volsellum forceps and opened freely; about 6 or 7 oz. of pus escaped; the edges of sac were then fastened to integument on each side of superficial incision. There was very little bleeding; no vessels tied.

Patient rallied fairly well and seemed pretty comfortable during evening; stomach was irritable and there was some vomiting during night. On following morning condition about same; unable to take much nourishment. At 11 a. m. commenced to sink and remained very low notwithstanding injection of ether hypodermically and nutrient enemata; died on following day, two days after operation.

Post-mortem examination by Dr. Graham five hours after death; body emaciated; right kidney capsule thickened and adherent to surrounding tissue; numerous adhesions, especially to ascending colon; kidney tissue partially destroyed; no pelvis could be made out; ureter much thickened and lumen very small; left kidney weighed 10 oz.

Remarks.—When this patient was first admitted he was treated for cystitis and stricture. The stricture was very obstinate and prevented exploration of bladder. The perinæal blisters were expected to relieve the prostatitis, if any existed. The perinæal section was performed for three purposes: 1st, to cure the stricture; 2nd, to relieve the cystitis; 3rd to explore the bladder. It was very satisfactory for all three purposes, the only drawback being the continuance of the fistula. It was found quite easy to explore the whole of the interior of the bladder. The exploration showed the bladder to be comparatively healthy. It was not until after this that pyo-nephrosis was suspected, but it was extremely difficult to discover any physical signs of such in the loin. This may be partly understood by an examination of the sac which was composed of the capsule and a very small portion of kidney substance. The sides of the pelvis were to a large extent agglutinated. The sac and its contents occupied the normal position of the kidney and filled but little if any more space than the left kidney which weighed 10 oz. Generally in such cases the pelvis and ureter are largely dilated and form part of the sac, under these conditions the swelling often extends beyond the median line and can be easily detected.

As the other kidney was fairly healthy, and had evidently secreted all the urine for some time, and as the other organs were in pretty good condition, it is quite likely that earlier operative interference would have prolonged the patient's life considerably. It seems likely that the stricture was the origin of the trouble, causing first, cystitis, after which the inflammation extended up the right ureter to the pelvis and substance of kidney.

A CASE OF SPASMODIC LARYNGITIS —DEATH.

A. M'PHEDRAN, M.D., TORONTO.

A fatal termination of this very common affection is so rare that the following case will probably prove of sufficient interest to warrant publication.

J. K., æt. 4 years, had been subject to attacks of "croup" from infancy. Following each attack there were hoarseness and other symptoms of a common cold for a day or two. During the last two years relief was always obtained, until this occasion, by recourse to a warm bath, and the administration of emetic doses of alum.

On the 16th of October the child was to all appearances quite well; he had no hoarseness or other signs of cold. Shortly before midnight he was suddenly awakened by an attack of dyspnœa. The parents followed the usual course of treatment, but without relief, though the vomiting was free. The breathing was very stridulous and laboured, and grew steadily worse. Death took place about three hours after the first signs of the attack, without convulsions. I did not see the child till fifteen minutes after death. He was well nourished, and was said to have been otherwise very healthy. An examination of the larynx and thoracic viscera was made eleven hours after death. The venous system and right side of the heart were distended with dark fluid blood. The left ventricle was empty and contracted. The mucous membrane of the larynx, trachea and bronchial tubes was of a livid colour, darker than normal. In the larynx, above the vocal cords, it was perhaps a little thickened. No other morbid change was found.

Judging from the symptoms of this attack and the history of the previous ones, this case was doubtless one of sub-acute laryngeal catarrh, with marked spasm of the adductor muscles of the glottis. Morrell MacKenzie * thinks that probably spasm acts only as a secondary cause, and that the attack of dyspnœa is primarily due to a collection of inspissated laryngeal secretion deposited on the vocal cords during sleep, when the mouth is often open. The glottis of the child is very narrow, and the gradual accumulation of this secretion soon forms such an impediment to respiration that spasm is excited. If this view is correct, it accounts fully for the efficiency of emetics in this affection. In many cases, however, the dyspnœa is chiefly or wholly due to spasm and when fatal, death is usually due to general convulsions †. In these cases, the most prompt relief would probably be obtained from the bromides. Given well diluted, after the emetic has operated, they would be quickly absorbed, and their effect soon apparent. For cases of laryngismus stridulous, without laryngitis, Ringer * recommends cold sponging two or three times a day, and says it scarcely ever fails to modify the attacks and seldom to cure them however severe they may have been. If there be some laryngitis accompanying or causing the laryngismus, the cold sponging requires to be used with caution, lest it increase the inflammatory condition. MacKenzie prefers tepid salt water sponge baths on rising, followed by dry rubbing, warm flannel clothing, and plenty of outdoor exercise, even in coldest weather. Indoor occupations predispose to laryngeal affections. At the London Throat Hospital, catarrh of the larynx is much oftener met with among tailors, shoemakers and other indoor workers, than among policemen, cab-drivers, etc., who are out in all kinds of weather.

In case of death from spasmodic affections of the larynx it is recommended to resort to tracheotomy and artificial respiration, if the case is seen shortly after death. In most cases tracheotomy would not probably be required as, with death, the impediment to the free ingress and egress of air, unless due to an accumulation of mucous, has disappeared.

* Diseases of the Pharynx, Larynx, and Trachea.

† Ringer, Hand-book of Therapeutics, p. 58.

VALVULAR ANOMALY BY DEFECT—HEART WITH ONLY TWO AORTIC VALVES.

EDMUND E. KING.

In December last, while dissecting a heart in company with Mr. Hodgetts, we found the aortic orifice guarded by only two semi-lunar valves, one being anterior, the second posterior. The coronary arteries were both given off from in front of the anterior segment. The heart was from a female subject in the dissecting room, and in all other respects was quite normal.

* Ibid.

Selections: Medicine.

PÆDIATRIC MEDICINE.

BY J. B. CASEBEER, M.D.

Many of our most successful practitioners of medicine amongst the *adult* population have made signal failures when called upon to exhibit their skill in the treatment of tender children.

We have often been pained by the remarks dropped from the lips of some physician whom we were endeavouring to regard as sample practitioners, on account of the indifference manifested, and the slight degree of importance attached to their practice among the children, such as, "Well, you may give a few drops of 'paregoric,' or some, 'catnip tea' or most anything of that kind you may find convenient, as we cannot do much for children so young;" or, "Your mothers or 'old women' can treat young children as well as I or any physician can;" or, "I don't like to treat children, it is so unsatisfactory. They cannot tell how they feel and what is the matter with them, and I never can tell what they need."

To my mind, such remarks (and these are but a few imperfect specimens of those somewhat current in our ranks) indicate a lack of knowledge, or a misconception of the true principles of the practice of medicine as applied to the children, which certainly challenges our sincere attention.

It is a loud cry for *reform* or *re-education*. To my mind, the diseases of children speak as plain a language, and require as direct remedies to control them, and are as emphatic in their demands as are those of the adult; and when we admit that untutored women or good nurses can judge of the requirements of sick children, and can treat them as well as the educated physician, then I feel that we ought to be honest enough to admit that the same is true in all classes of the sick. To my mind, paregoric, rhubarb, and chamomile are appropriate remedies, when indicated, alike to the child and the adult, and when not indicated would be as much out of place in the one as the other.

The natural language of the child is the true and untarnished expression of facts; while that of the adult, tainted by the prejudice of their own opinions, freighted with the imperfect use of an imperfect language to express their imperfect thoughts, must be taken with a great deal of allowance, and very much of it must be often entirely excluded when making up a diagnosis.

If the intelligent physician will but open his eyes and his ears, his little patient will unconsciously tell him how he feels and what is the deviation from the health standard. If he will but study cause and effect, he will find the indications for treatment just as plainly marked out as in his older patient, that may be very fluent in reciting his pains and aches. The physician practicing rational medicine, and who is governed in his treatment by the indications of each individual case, and strives to meet only the indications that do exist, needs to be versed in the laws and natural language of disease, the laws, and standard of health, the true nature and effect of the remedies used, both physiological and toxic; and if he can read these correctly and apply them with judgment, it matters not whether he finds his patient in Maine, Georgia, Pennsylvania, Ohio, Indiana, or California, the same symptons call for the same remedies, and in the different ages of the patients the same language is to be read, the same indications to be met in the same way; and thus the same skill and judgment is called for, and the man who is really a good physician, and applies the same good common sense in his practice, can do so in one State or age as well as another.

While we believe the above is true, we believe also that the converse is only partially true; for we may, in our treatment of the vigorous adult, fail to skillfully meet the leading indications with their appropriate remedies, yet if we are not too excessive in the use of our misused remedies, our patient, with his strong vitality, may get well in spite of us, but in the tender age of our infantile patient a misplaced remedy might be fatal in its consequences.

We are, therefore, forced to the conclusion that the diseased children ought to be placed in the care of the *best physicians*, and, if the uneducated women and nurses are to be given work because of their kindness of heart and their good nursing, or even for their experimental knowledge, certainly let it be given them in the realm of the adults, where a neglect or a misapplied remedy is far less harmful.

And now, in conclusion, let me ask my fellow-labourers in our beloved profession, in the interest of our own honour and useful-

ness; in the interest of the dear children we are called to administer unto, and in the interest of the anxious and earnest students seeking to know the geography of the whole field of medicine—I say in the interest of all these, let us endeavour to appreciate and teach the true relation existing between the child and the adult; the sprout and the full-grown tree, and forever divorce this branch of our practice from the unnatural relation heretofore forcibly maintained between it and gynæcology and obstetrics. And let us wake up to the realization of the fact that there is more real science in the proper practice of medicine among the children, where we read the nature, expression and influence of disease by the physical signs and rational symptoms, unaided by the verbal language of our patient; and also, that the treatment of children calls for the best efforts of the most scientific and skilful of our ranks, and that any indifference to or inclination to shift responsibility of their treatment, is only an evidence of our weakness in this direction, and our non-appreciation of and unwillingness to perform our whole duty.—*Jnl. Am. Med. Association.*

Treatment of Migraine.—William A. Hammond, in the *N. Y. Medical Journal,* divides migraine into two forms, the angio-spastic and the angio-paralytic. The first is the result of a spasm of the blood vessels, producing a state of anæmia of the parts supplied by them. The chief symptoms of this form are dilatation of the pupil of the affected side, sinking of the eyeball in its socket, face and ear pale and cold, temporal artery contracted, lowering of temperature, pressure on the carotid of the side affected increases the pain, on the opposite carotid diminishes the pain. As the paroxysm passes off, as the vessels distend, and the temperature rises, there is profuse perspiration, and an increased excretion of urine. In the other, the symptoms are almost the exact opposite of those in the spastic form. Sometimes the conditions alternate, or they may both exist at the same time on opposite sides. The indications for treatment are in the spastic form to relax the spasm and augment the quantity of blood in the head, in the paralytic form, the vessels want toning, and the blood in the brain is to be lessened in quantity. In the spstic form galvanism is of service in the treatment of the paroxysm. One pole over the sympathetic is the neck, and the other over the solar plexus, and a current from fifteen cells allowed to pass for three minutes. A hypodermic of one quarter grain of morphia, followed every fifteen minutes, by a pill containing a drop of a one per cent. solution of glonoin. In the intervals, between the paroxysms, the glonoin should be steadily administered, and also the bromides. In the paralytic form, galvanism will sometimes cut short the attack, cold to the nape of the neck, compression of the carotid in the affected side with Corning's instrument sometimes acts like a charm. Thirty or forty grains of guarana or ten grains of caffeine or even strong coffee or tea will cut short an attack, or better still a large dose, 100 grains of sodic bromide. In the intervals, bromides, ergot, and strychnine should be given. Dr. Allan McLane Hamilton (*ibid*) regards migraine as much a vascular as a nervous disease. He looks upon it as due to an epileptic dyscrasia. The treatment consists in improving the general health by the hypophosphites, cod liver oil and iron. A constant vascular balance must be insured by the exhibition of digitalis, nitro-glycerine, or convallaria. For the relief of the paroxysm, large and repeated doses of ammonia, as 20 grains of the muriate in Vichy water every hour until three or four doses be taken, will usually break up an attack. At the congestion stage, ammonia bromide, with cannabis indica. If there is any periodicity in the occurrence of the headaches, and they have a certain regularity in expression, we are warranted in using the bromides as in epilepsy. Dr. Alfred L. Carroll (*ibid*) acknowledges that in cases of migraine, arising from eye-strain, the wearing of proper glasses is sufficient for a cure, that in others, gynæcological treatment is necessary, in others, the extraction of carious teeth, and in others, of malarious origin, the exhibition of anti-periodics, as quinine and arsenic. In the so-called idiopathic cases, the long-continued use of cannabis indica, in small doses (one-third to one-half grain of the extract), gives better results than any other single remedy.

Catching Cold.—There has always been more or less of mystery connected with the disorder popularly called "a cold." Dr. C. E. Page (*Pop. Sci. Monthly*), observing that

all classes of people have colds from the slightest causes to-day, and are utterly unable to account for the attack; may next month be severely exposed and chilled and yet produce no symptom of this disorder: that infants who are fed every hour or two are peculiarly subject to acute attacks; and that the influence of the "influenza wave" prevails more severely in summer than during the steady cold of winter, goes on to say, while the disease under consideration is no respecter of persons, but is as universal as the dietetic habits of the people are uniform, there is one class, viz., vegetarians, who are very much less subject to it. Individuals, indeed, there are, living still more abstemiously, and paying proper regard to the ventilation of their dwellings, who *never* have a cold: the "wave" never touches even the hem of their garments. Members of this class, however, upon resuming their former practices as to diet, returning to the "mixed" diet and three meals a day, also resume the habit of "catching cold." He says that personally though a life-long sufferer from the disease in various forms, he now finds it impossible to excite any of the "well known symptoms," so long as he lives upon a frugal diet, chiefly cereals and fruit, served plainly, nominally two meals a day, ready to skip a meal whenever the symptoms of indigestion warn him of having carried the pleasures of the table a trifle beyond the needs of the organism.

In his efforts to "catch cold" he has made experiments upon himself, which most people would consider suicidal. He has walked in low shoes in snow and slush until shoes and socks were saturated, sat for an hour in this condition and going to bed without warming his feet; irregularly changing his clothing, sleeping in a direct draught, rising from bed on a cold rainy morning, sitting naked for an hour writing, then putting on shirt and trousers only, the shirt almost saturated with rain and the trousers quite damp from hanging by the window. He has done these and similar things repeatedly without catching cold. On the other hand, changing the nature of his experiments, he returned to his indiscriminate diet, the universal mixed diet of the people, and expending his efforts in the avoidance of exposure and draughts, he found no difficulty in accumulating a cold, within a reasonable length of time, the time depending upon the degree of over indulgence as to frequency and amount.

In every instance he banished the cold by entirely abstaining from food for a time; he has never known this remedy to fail (if applied at the very onset) in breaking up a cold in twenty-four to forty-eight hours. On the first appearance of the symptoms of a common cold, skipping a single meal, when two meals a day are taken, and two meals in a three-mealer, will suffice when the following meals are very moderate. Out-door exercise is desirable.

He concludes that the disease manifested by the symptoms which indicate that a cold has been caught, is a *filth disease*, arises largely from indigestion (*surfeit fever*), and forms the basis or is in fact the *first stage of all* the so-called filth diseases. Whatever interferes with digestion or depuration, or depraves the vital organism in any manner, produces an impure condition of the body, and a continuance of these habits must inevitably result in periodical or occasional "eruptions." Among the causes of this impure bodily condition are, impure air, excess in diet, impure food. Our houses, public and private, are insufficiently ventilated; we are starving for oxygen, and without sufficient oxygen the best of food will cause indigestion. The "fresh air idiot" seldom catches cold. People may live in unventilated rooms, yet have plenty of exercise, but they seldom practice voluntary restriction as to food. People of this class are great sufferers from colds. Impure air, although a prevailing source of disease, is not absolutely essential in provoking this disorder; an unwholesome diet alone being sufficient. Mankind are by nature, or at least from custom, prone to over-indulgence in diet. Excess in diet is a relative phase, the quantity of food must be proportionate to the amount of labour performed, the degree of cold endured, and the amount of oxygen taken into the blood. It must also relate to the present physical condition of the individual. Nature's preventive and curative agents may be summed up thus:—Pure air, appropriate food, exercise, skin cleanliness, with proper ventilation of the surface of the body, *i. e.*, through the use of non-sweltering garments, supplemented by rational exposure of the entire surface of the body to the air, by means of air baths, sunshine in the home, and "sunshine in the heart." With these, and only

these, all curable cases will go on to certain recovery. Without these no medication will avail.

PATHOLOGY AND TREATMENT OF SOME FORMS OF HEADACHE.—At a meeting of the Medical Society of Islington, recently, a very interesting communication was read by Dr. T. Lauder Brunton, F. R. S., on this subject, of which the main points were as follows: (*The Lancet*): Headache is usually the product of two factors—local irritation and general condition. The chief local causes are decayed teeth and abnormalities of the eye, although disease of the ear and nose, inflammation of the throat, and local irritation of the pericranium, or of the skull in rheumatism and syphilis, are not to be forgotten. Decayed teeth may give rise to temporal or occipital headache when the molars are affected, and also, I think, frontal when the incisors are decayed. The chief abnormal conditions of the eye are strain from reading, or working with imperfect light, or for too long a time, myopia, hypermetropia, astigmatism, and inequality of vision between the two eyes. Besides these, I think that alterations in the circulation and intraocular pressure are frequently produced by bile or poisonous substances circulating in the blood, and that probably also a rheumatic condition affecting either the eye itself or the muscles which move it is a not uncommon source of headache. Where both eyes are equally affected the headache is usually frontal, but when one eye is more affected than the other the headache appears either in the form of brow ague or megrim. In treating any case of headache, therefore, the first thing to do is to see whether the teeth are sound and the eyes normal. If any thing is found wrong with either the teeth or the eyes, the defect should be at once corrected. The throat, ears, and nose should also be examined, to see if any source of irritation is present there, and the surface of the scalp tested by pressure for rheumatic or syphilitic inflammation. The locality of headache is probably determined chiefly by the local source of irritation, but this differs according to the general condition. Thus frontal headache with constipation is usually relieved by purgatives; frontal headache just above the eyebrows without constipation is relieved by acid; and a similar headache situated higher up at the commencement of the hairy scalp is relieved by alkalies. Vertical headache is usually associated with anemia, and is relieved by iron. The more or less continuous headache of syphilis is usually best relieved by iodide of potassium, but in order to gain relief the dose must sometimes be much larger than that usually given, and may range from five grains up to thirty grains for a dose. Similar quantities of iodide of potassium are usually sufficient to cure the rheumatic headache.—*Louis. Med. News.*

VARIATIONS OF THE URINARY CHLORIDES.—No one will deny that a more frequent examination of the constituents of the urine might lead to the acquisition of fresh knowledge. Even in our public clinical institutions the systematic estimation of the most important urinary constituent is not regularly carried out. A complete clinical account of the changes in the urine which attend the active stages of the rhachitic process would probably be attended with important additions to medical science. Indeed, the same may be said of most acute diseases. In ordinary medical attainments perhaps the only piece of information with regard to the chlorides of the urine consists in the knowledge of the fact that there is a remarkable diminution of this ingredient in acute pneumonia. M. Burot has done well to draw attention to this unplowed field of clinical medicine. He has devised a simple apparatus for the purpose of estimating the chlorides. A small flask is furnished at its inferior extremity with an ampulla capable of holding just one cubic centimetre of urine. A pipette is obtained gauged in tenths of a cubic centimetre. Another little flask containing a solution of argentic nitrate, is used from which the pipette may suck up some of its contents by means of a ball of caoutchouc. A cubic centimetre of urine is first treated with a solution of potassic chromate. The solution of nitrate of silver of known strength is then dropped in by means of the pipette. The whole of the chlorides in the urine have been obtained as soon as the *café au lait* precipitate of chromate of silver appears. M. Burot found that the normal amount of chlorides in the urine was eleven grammes for every litre, consisting of ten grammes of chloride of sodium and one of chloride of calcium. In tuberculosis it was estimated that seventeen to eighteen grammes of

chlorides per litre were discharged. But a diminution of the chlorides is of greater import, especially in acute affections. In pneumonia, when the temperature is much raised, the fall in chlorides is considerable. This diminution was not noted in broncho-pneumonia. But in the pneumonia of typhoid fever at the onset of death the chlorides completely vanished.—*Lancet.—N. Y. Med. Jnl.*

Low Rectal Temperature in Apoplexy from Rupture of a Large Cerebral Aneurysm.—Dr. Charlton Bastian related to the Clinical Society (*Lond. Lancet*), a case of rupture of a large aneurysm in the right corpus striatum, with intra-ventricular hæmorrhage and extreme lowering of rectal temperature. The rectal temperature was 94°.5, 94°.6 and just after death, 95°. At the post-mortem a large effusion of blood was found at the base of the brain, beneath the arachnoid, extending from the optic commissure over the pons, medulla, and hinder part of the cerebellum. The lateral ventricles were greatly distended with blood clot. The superficial portion of the right corpus striatum was found to be much torn and shreddy. At the bottom of the space thus formed a large aneurysm was found about the size of a chestnut, three-quarters of an inch in diameter. Dr. Bastian said he did not know of any recorded case of apoplexy in which the rectal temperature had fallen so low as 94°.4, and in which it remained so near to this point for a period of three hours. In only two of Bourneville's cases did it ever sink so low as 96°. The prognostic value of such a sign is great. He had also been unable to discover the record of any case in which so large an aneurysm has been found imbedded within the substance of the brain, and formed upon one of its smaller vessels. It is rare even to find one so large situated upon the basilar or middle cerebral artery. Yet this large aneurysm was evidently formed upon one of the small arteries that come off directly from the first part of the middle cerebral and enter the nucleus lenticularis.

Hydrocephalic Cries.—M. Daremberg reports a case of tubercular meningitis in which the frightful hydrocephalic cries ceased suddenly after a sub-cutaneous injection of chloroform. This happened three times. After the irritating fluid got under the skin, the hydrocephalic cries, *i.e.*, the concomitant spasm of the laryngeal and expiratory muscles ceased. A very curious point was that the convulsions which disappeared in one place reappeared in another. The clamour was extinguished, and the arms took on rhythmical movements without the knowledge of the patient. The injections were made in different regions.—*Le Prog. Méd.*

Congenital Absence of the Gall-bladder.—M.M. Rambault and Schachmann presented to the Anatomical Society of Paris the liver from a general paralytic, dead in the service of M. Falret at Bicêtre.

From the 1st of January, 1882, until death no biliary manifestations had been noted. Lately he had suffered from many congestive attacks in one of which he died. The autopsy showed the liver comparatively small. The gall-bladder was absent, from its under surface the cystic fossa was replaced by a narrow and shallow groove. The choledoch canal in its entire length presented no opening for the cystic duct. The hepatic canal was normal, numerous sections through the liver discovered no vestiges of a rudimentary bladder, nor one of the central bladders which have been found. It cannot have been a case of pathological atrophy, for there exists not the slightest trace of it. It is simply then a case of agenesis of the gall-bladder.—*Le Prog. Méd.*

Is the Lung Impermeable to Air? Ewald and Kobert.—The authors found in dogs and rabbits after insufflations of air in the trachea made with a pressure below that made by the respiratory muscles, an exit of air through the walls of the alveoli and the trachea. The air passed first of all into the subcutaneous cellular tissue of the neck. (The emphysema of whooping cough might be thus explained). By the alveoli the air would first pass partly into the pleural cavity and partly into the vessels, and they had never been able to find the slightest tearing of the pulmonary tissue. These experiments would explain the rare cases of essential pneumo-thorax. The authors admit the possibility of a man voluntarily by mechanical pressure pressing a quantity of air into the vascular system and pleura, sufficient to cause death. This might account for those cases of suicide by voluntary suffocation.—*Lyon Méd.*

THE TREATMENT OF LICHEN RUBER.—The following is the method now adopted by many German dermatologists, and which was introduced by P. G. Unna. In an article by Bockhart, on the management of this obstinate disease, he speaks of the Unna treatment as being a genuine therapeutic triumph.

The affected parts are rubbed twice daily with the following ointment:

Ung. Diachyli.....	500
Acid. Carbolic.....	20
Hydrarg. Perchlor.....	1

The time required in treatment varied from eight days to three weeks. In the event of the mouth becoming sore, it was healed with chlorate of potash, and the teeth kept thoroughly clean. Finally the skin is rubbed with sp. saponis kalinis and oil. Occasionally tar and white precipitate ointments were used to complete the cure. *Monat F. P. Dermatol.*

SULPHURIC ACID IN INFANTICIDE.—M. Regnard at the *Société de Biologie* (*Gaz. des Hôpitaux*) pointed out the use of sulphuric acid in destroying animals dead of infectious diseases. The quantity of acid required is about twice the weight of the body. M. Regnard thinks that this means of destroying a fœtus born at term would be taken up by infanticides; a small quantity of sulphuric acid, about three quarts, being sufficient. The fœtus in twelve hours disappears entirely, the acid turning black; the acid could then be got rid of by pouring it down a water-closet where it would form chemical compounds with the ammoniacal products of the drain, and all trace of acid and fœtus lost. He advised that greater restrictions should be placed upon the sale of this acid.

ZONA.—All authors agree that spontaneous zona does not recur. This law is as formal as that of the non-recurrence of the eruptive fevers. This is explained by the fact that the disease has created a peculiar modality of the organism, that it has withdrawn from the blood mass a special principle whose presence or absence is opposed by the renewed development of the same morbid germ.—*L'Un. Méd.*

Dr. Althaus says that the exaggeration of tendon reflexes in the paretic side of the body is indicative of structural disease of the nervous centres, while in hysteria, these reflexes may be normal, increased or diminished, but are equal in symmetrical parts of the body.—*Lond. Lancet.*

MIXTURE FOR PERTUSSIS:—

℞	Ammonii vel. Potassii Bromidi.	ʒ i.
	Ext. Lippiæ Mex. fl.....	gtt. xxx.
	Syr. Belladonnæ.....	ʒ i.
	Syr. Digitalis	
	Syr. Valerianæ	āā ʒ iii.
	Aq-Lauro-Cerasi.....	ad. ʒ iii.
		M.

Sig.—ʒ ss. to ʒ i. daily, gradually increased. —R. M. in *N. O. Med. and Surg. Jnl.*

SALICYLIC ACID PASTE IN ECZEMA:—

℞	Acidi Salicylici ...	grs. x.
	Petroleol	ʒ iv.
	Pulv. Zinci Oxidi...	
	Pulv. Amyli.....	āā ʒ ij. M

Rub into a smooth paste.—Van Harlingen, *Phil. Med. Times.*

PRURIGO.—Dr. O. Lassar reports considerable success in the treatment of prurigo by the internal use of infusion of jaborandi; and the protracted use of tar water baths and the free inunction of salicyl-vaseline. —*Wien. Med. Woch.*

Surgery.

WIRE SUTURES IN FRACTURED PATELLA.

At a recent meeting of the Medical Society of London, M. Lister read a paper (*Lond. Lancet*) on wire suture of the patella. The operative procedure is simply to make a longitudinal incision over the joint; remove all clot or fibrous material, freshen the ends of the bones in old cases, drill a hole through each fragment and pass a heavy wire suture through the holes, twist and then hammer the ends down upon the bone; provide suitable drainage; dress antiseptically, put up in an immovable apparatus. He thought recent cases the most favourable and the most proper for the operation, although old cases of ununited fracture did well. The strict observance of the antiseptic method converts serious risk into complete safety. The surgeon was then not only justified but bound to give to his patient the benefit of the operation. He first men-

tioned three cases of successful suture of the olecranon, and then detailed seven cases upon which he had operated for fractured patella, successfully; six of the patients he was able to show to the society. They were all markedly successful. Five of these cases were of recent fracture and two of ununited fractures. In one case separation of the fragments occurred from passive motion too vigorously made at too early a period, and a second operation was performed upon the case successfully; osseous union was obtained in all; the limbs were kept in the fixed dressings for about eight weeks.

In the discussion of the subject M. Bryant admitted the excellence of the principles of M. Lister's treatment but disagreed with him in regard to the cases to which the treatment was applicable. He thought the results generally obtained from the ordinary treatment of fractured patella were so good that it would not be justifiable to operate in recent cases. Only in old cases when the limb was useless or its use seriously impaired would he consider it right to operate. M. Bryant then criticised some of M. Lister's expressions. He wished to know what was meant by "morally certain." He did not believe any one was justified in saying that all septic influences could be excluded, and complete safety be secured. The anti-septic method was powerless against visceral complications. He thought expressions such as those used by M. Lister capable of producing excessive over-confidence in the minds of his disciples and juniors.

Messrs. Adams, Gant, Henry Morris, and many others agreed with Mr. Bryant, and objected to the operation. M. Lister, in reply, repeated his statements, and insisted on the strict observance of the antiseptic method. He did not agree that the ordinary results of the treatment of fractured patella were so good as some of the gentlemen had asserted. He said the question of any operative procedure was a large question dependent on many factors. But as for himself he persisted in saying that he regarded the operation as simple and without risk so long as antiseptic principles were strictly adhered to. He had brought the subject before the society with the object of showing what could be done more than with advocating its employment under all circumstances.

At the Paris Société de Chirurgie (*L'Union Med.*) the same subject was under discussion at very nearly the same time. M. Chauvel brought forward a report upon a case of M. Beauregard of osseous suture in transverse fracture of the patella. His case was of two months' duration. Approximation of the fragments was impossible. Arthrotomy was performed and immediate suture. The lower fragment was so small that the wire was passed beneath it. Two months afterwards the patient walked well and seemed cured. The case was then presented to the society, which thought the results not altogether successful. M. Chauvel admitted that the operation appeared to be indicated, but did not consider the result obtained by M. Beauregard as encouraging.

M. Chauvel had gathered 43 cases, 4 being anterior to 1877, when the antiseptic method came into practice; 38 of these cases were sub-cutaneous, and 3 compound. In 25 the fracture was recent. He concludes from the study of these cases that a single suture is generally sufficient, wire is the best material for the suture, and is best left in place; drainage is indispensable; the strict antiseptic method absolutely necessary, and that the limb should be placed in an immovable apparatus from which it should not be taken until the end of the first month. The results of the operation are often dangerous. In 33 observations there were 28 good and 5 bad results. Atrophy and weakness of the limb after operation is the rule, fibrous union usual and osseous consolidation the exception. He concludes then that in old cases with functional impotence of the limb the operation is useful, and ought to be tried. In recent cases he hesitates to decide. He says that people do not die from a fractured patella, but they may die from arthrotomy, and therefore the operation should be restricted in recent cases to those in which the coaptation of the fragments is absolutely impossible by other means. M. Lucas-Championnière does not coincide with M. Chauvel's conclusions. He quoted M. Lister's seven cases, and said that in his opinion the operation was good, provided one was very sure of his antiseptic method.

M. Pozzi had performed the operation in one case with results that bade fair to be good. But accidental circumstances prevented the complete success of the operation. He was disposed to try it again.

M. Richelot viewed the question as to its operative value and to its clinical value. He does not admit that separation of the fragments is the sole cause of the functional difficulty which may supervene. Some patients with a wide separation walk well, while others with no separation walk with difficulty. He considers the difficulty to be largely due to atrophy of the triceps. In his mind he has no doubt that those patients who walk well have a normal triceps, and he is convinced that in certain cases a cure could be obtained as well by electrisation of the triceps as by coaptation of the fragments. Therefore, before proceeding to the operation, it is well to examine the triceps, and if it is atrophied, try electricity.

M. Gillette agrees with M. Richelot, and considers osseous consolidation not the sole element to be considered; often indeed a fibrous is better than a bony union. He would reserve the operation only for compound fractures or for old cases with locomotory troubles insurmountable by ordinary means.

M. Verneuil is of the same opinion. If I had the misfortune, said he, on leaving this place to break my patella, should M. Lister himself propose to open my knee and practice osseous suture, I should vigorously decline the proposition. As he endeavours to follow the golden rule, he absolutely condemns immediate arthrotomy. He considers the results obtained by treatment with the plaster splint, etc., sufficiently good, and therefore protests against the introduction of the operation into current surgery.

M. Forget agrees with Verneuil; he said that even Malgaigne's hooks had been abandoned as too dangerous, and yet now mortal operations were proposed for cases which in themselves were without danger to the patients. M. Chauvel said that there were cases in which electrisation of the paralysed triceps was altogether insufficient, and in which the patients walked so badly that the operation was justified.

The *Medical News* says that suturing the fractured patella was done more than fifty years ago by Dr. John Rhea-Barton in Philadelphia, by McClellan in 1838, by Cooper of San Francisco in 1861, by Logan of Sacramento in 1864.

But amongst the modern school must, unfortunately, be included a large section to whom it may well be feared the publication of the new method of treatment for fractured patella and similar operations is not unfraught with danger. These are they who have enthusiastically accepted the new faith, but make poor professors, because they have not mastered the details of its practical application. It is such men as these who bring discredit upon antiseptic surgery, and to whom, at the present time especially, a word of warning may not inaptly be given—namely, that until they have had sufficient experience to justify them in feeling perfectly confident that they can prevent the entrance of putrefaction into a wound, there is no manner of justification for them in undertaking an operation (which, if not properly carried out, involves serious risk to limb and life) for such a condition as fractured patella, for which a fair and indeed a good treatment is at hand involving no risk whatever. It may be hoped that when the principles of antiseptic surgery are more widely accepted and universally taught, it will be considered on all hands a disgrace for a surgeon to have putrefaction in a wound of his own making through unbroken skin (except in certain positions). But this cannot be said to be the case yet; and until any one feels that if he were to wire a patella it would not only be a disgrace, but a practical impossibility for putrefaction to occur in the wound, I am sure that all well-wishers of the new faith will join in appealing to him to let the operation alone. Still more, perhaps, is the warning needed by those who look upon the whole thing in the loosest possible way, who talk gaily about the "spray-and-gauze treatment," and who make use of one or both as a sort of fetish, under whose guidance they proceed with a light heart to court, as it were, disaster. In the name of humanity, let such confine their experiments with antiseptic surgery to necessary operations. I have been horrified to see finger-tips and instruments just shot through an antiseptic solution, the unshaved axilla scarcely cleaned in the most perfunctory way, before the removal of a breast; or a sponge wiped freely over outlying unpurified portions of skin, perhaps even that of the perineum itself, and then dabbed upon the wound as the grand finale to an operation performed "under the strictest antiseptic precautions." —*Lancet.*

From these observations the following may be formulated: — 1. The chief cause of non-osseous union of the patella in cases of transverse fractures is the interposition of fibrous and aponeurotic structures between the fractured surfaces. 2. If osseous union be desired in transverse fractures of the patella, it is requisite, in the first instance, to elevate all the tissues which lie over the fractured surfaces, and which prevent them from coming into intimate contact. 3. From the ease in which the two fragments, in many instances, may be maintained in position, it is probable that osseous union could be obtained without suturing, provided these soft tissues were first elevated. Practically, however, suturing the patella ought to be adopted, as it is the easiest and surest way of securing accurate apposition and adds no risk to the operation. 4. The operation of elevating the soft structures between the fragments and of suturing the bone ought to be undertaken within the first forty-eight hours from the time of injury. 5. In order to lengthen a muscle, a series of V-shaped incisions made into its substance in a transverse row will effect the purpose, while not diminishing its strength as transverse incisions do.—(*Ibid.*)

Surgical Diseases of the Kidney.—At the annual meeting of the British Medical Association, Mr. Clement Lucas said that the credit of having awakened a new interest in renal diseases, and of having, by experiment on the lower animals, made sure of his ground, was due to the late Professor Simon, of Heidelberg, who in 1869 successfully performed nephrectomy for the cure of a fistula of the ureter following ovariotomy. Since then, extirpation of the kidney has been performed upwards of a hundred times. The operation of nephrotomy has been much more frequently undertaken, and the removal of a stone from the kidney, which used only to be attemped when a sinus or tumour existed, has been several times successfully performed before the kidney has suffered any severe damage.

In casting a glance over diseases of the kidney to determine which might admit of surgical treatment, it is necessary to exclude at once all such diseases as attack equally the two organs: hence the various degenerations included under the name of Bright's disease and lardaceous disease must ever remain outside the province of renal surgery. On the other hand, conditions which disturb the functions of one organ only, for the most part, admit of relief by operation.

Painful moving or floating kidney, being only a mechanical disturbance, admits of relief only by mechanical means. Simple exploration and replacement through an incision in the loin would probably be found sufficient in the majority of cases for the cure of this condition,—the adhesion resulting serving to retain the organ in position. Stitching of the capsule to the parietes, or, as it is termed, nephrorraphy, is a somewhat serious, but still simple, undertaking. In eight cases in which it has been performed the patients all recovered and were relieved. There might still be cases where intense suffering was experienced, and where the other means had failed, which would suggest nephrectomy. Martin, of Berlin, had, in six cases, removed floating kidneys through the peritoneum, and four of these recovered.

Hydronephrosis should be first aspirated, then cut down upon and drained through the loin, the cyst-wall being stitched to the parietes. Finally, should the fistula fail to close, the remains of the kidney might be removed through the loin.

In women these tumors had been often mistaken for ovarian tumors, and had been operated upon as such. Being movable, and not forming adhesions till late, some might advocate ventral nephrectomy for these cases before drainage; but such treatment would entail more risk than the method advocated. Abdominal nephrectomy for hydronephrosis will, however, show better results than nephrectomy generally.

Large isolated cysts of the kidney having no communication with the pelvis are rare. They should be aspirated and afterwards drained through the loin.

Hydatids of the kidney, also rare, have a tendency to discharge themselves through the pelvis. When forming tumours, they may generally be cured by aspiration or syphon tapping.

Pyonephrosis, when unilateral, falls under renal surgery. The double pyelitis, with suppuration and distention, which commonly resulted from stricture and enlarged prostate, the author said was inappropriately named "surgical kidney." He suggested

the term *reflex pyelitis* as better expressing this condition. Reflex pyelitis, when one-sided, is due to some obstruction in the ureter, and then often gives rise to a large pyonephrosis. Other causes of unilateral pyonephrosis are calculus and strumous pyelitis. After speaking of the diagnosis, and stating that these tumours are more adherent and gave rise to more pain and constitutional disturbance than hydronephrosis, he said that nephrectomy for pyonephrosis had been performed twenty-eight times, and of these seventeen recovered and eleven died; but it was most worthy of notice that among these twenty-eight cases six had previously discharged their contents through a fistula in the loin, and all these recovered. Hence, he argued, it is better to drain a pyonephrosis before performing nephrectomy.

Neoplasms of the kidney can only be treated by nephrectomy, and if this be performed early there might be a good chance of permanent benefit. Generally they are too large to be removed except through the peritoneum; but of five cases removed through the loin, four recovered. Out of sixteen removed by ventral incision, ten died and six recovered.

Calculus of the kidney offers an excellent field for surgical interference, but the difficulty is to make sure of the diagnosis. Many cases of supposed calculus turn out to be strumous kidneys. Two cases were related in which the kidney was explored and even deeply punctured, but no ill result or rise of temperature followed, and the wounds healed primarily. Several cases of nephro-lithotomy were recorded in the Clinical Society's Transactions, and two cases had been performed successfully at Guy's Hospital during the present year. When the kidney is much dilated and damaged it would be a question whether it might not be better to remove it.

After briefly alluding to *injuries to the kidney*, which, though not included under the title of the paper, might suggest nephrectomy, the author proceeded to speak of some details in operating. He recommended for the lumbar operation a combination of two incisions, which he had employed as giving the most room,—viz., an oblique incision higher than the colotomy incision, within about half an inch of the last rib and parallel with it, and a vertical incision on the outer margin of the quadratus lumborum, extending from the upper edge of the last rib to the iliac crest. For the transperitoneal operation Langenbuch's incision external to the rectus muscle was to be preferred to the median incision, as it enables the operator better to reach the kidney through the outer layer of mesocolon.

In conclusion, he urged that antiseptic exploration of the kidney through the loin is a simple and not at all a dangerous operation, which may be undertaken without anxiety in any case where calculus is suspected; that it is generally wiser to tap and drain fluid tumours of the kidney before proceeding to remove the diseased organ; that when nephrectomy is decided upon, the extraperitoneal operation through the loin should always be chosen for any tumour it is possible to withdraw through the limited space at disposal; finally, if this course be adopted, the transperitoneal operation will be reserved for large solid tumours, and perhaps some floating kidneys.—*British Medical Journal.*—*Phil. Med. Times.*

Risks Attending Catheterism in Cases of Long-standing Retention of Urine.—In commenting upon Sir Andrew Clark's remarks on catheter fever, Sir Henry Thompson writes to *the Lancet* (October 27th) as follows:—

The risk sometimes incurred by elderly men in commencing the use of the catheter, accurately appreciated by Sir A. Clark at the Clinical Society, and well described and commented on in your leading article, is a subject of great importance. It is, however, by no means unrecognized by surgeons, and has long been one of much interest to myself; so that I have made it a special topic for remarks and caution in my clinical lectures. I have so often observed the danger in certain cases associated with a resort to catheterism, although rendered absolutely necessary to relieve chronic retention of urine, that I have advised the greatest care and special management for them. But the dangerous and fatal results are rare as compared with the great number of elderly men who are compelled to depend for relief on the catheter, and who derive the greatest advantage and comfort from its daily use. For a case never becomes advanced and dangerous in regard of retained urine, unless the retention has

been long overlooked or neglected, and when advice to empty the bladder in an early stage has unhappily not been given. If employed at that early stage, before the urinary organs have suffered damage from retention persisting perhaps through many months or even years, no fatal or dangerous "fever" will be met with. It is the *neglect of timely catheterism*, and not the employment of a catheter, which is the real occasion of the fatal issue, which now and then occurs under the circumstances described.

The first surgeon to point out the occurrence of this particular form of "fever" was Sir B. Brodie, in his lectures; and I beg you will allow me to cite an extract from my last edition, referring to his views, describing the symptoms, and indicating the method which I have adopted to diminish the risks which should mostly be expected, and always be provided for, when a pint or more of urine habitually remains in the bladder, despite the patient's efforts to relieve himself. The passage is as follows:—

"I revert to a fact, already alluded to which is one of considerable importance, that although the urine may have been quite clear before the catheter was employed, yet in some instances, after its habitual use has been continued for a short period, the secretion becomes cloudy, and the patient is feverish and unwell. A stage of constitutional derangement, more or less marked, has sometimes to be passed by those persons who, having long experienced difficulty suddenly change from their usual mode of micturition to the artificial one. It requires some judgment, as I already pointed out to decide when this change should be made but having made it, the phenomena described occur in a few exceptional instances; and this fact you should be aware of, and you should watch the result of the daily catheterism. Sir Benjamin Brodie was the first to remark it, and in his valuable lectures called attention to the circumstances that patients might even sometimes gradually succumb with symptoms of low or irritative fever a few weeks after beginning to use the catheter. Bearing this in mind, our mode of proceeding may be advantageously modified in relation to those patients whose amount of residual urine is large. It is then undesirable to empty the bladder completely on every occasion of catheterism during the first few days. If the patient has been in the habit of retaining perhaps a pint of urine, or even more, after he has made water, it is a serious change for the bladder to be suddenly and completely emptied two or three times a day; the organs soon become irritable, urine is charged with pus, and the patient loses appetite, becomes feverish, and there is sometimes considerable danger to life. The rule under such circumstances is to proceed cautiously. Instead of removing the entire quantity, leave some urine behind; and thus a compromise is made between the exigencies arising in this condition of the bladder, and the usually absolute rule that it should be emptied. Draw off half or only two-thirds of a pint; you will thus relieve the organ partially, and in the course of a week or sooner, you may gradually accomplish the entire emptying of the bladder, and all will probably go well. And it conduces greatly to success to permit no outdoor movement to such a patient, but confine him to his room, in a warm temperature, if the weather be cold, or even to his bed, for a few days. The probationary period, while the use of the catheter has to be learned, and the onset of chronic cystitis with constitutional disturbance is to be feared, is more safely passed *if absolute rest and quiet* are accepted as necessary conditions by the patient. It is only within the last few years that I have pursued this course, and I cannot speak too highly of the results. Nevertheless, very rarely, notwithstanding every precaution, you will find a case in which during this process the tongue grows slowly more red, dry, and contracted; the powers of life gradually fail, the senses become impaired and the patient sinks. You will always find in such cases, if an autopsy is made, old-standing pyelitis, with dilatation and marked degeneration of the renal structure, and you will know that in no circumstance could the patient have long survived" (p. 57).

The lesson to be learned—and it is an important one—is this. When the bladder of an elderly man fails to empty itself, let him learn to use a soft catheter without much delay:—thus life with comfort may often be maintained to its natural term. Neglect the catheter until chronic disease of the organs is established, and a catastrophe may then be hastened by the use of the instrument. Scores of men whom I know in this town, between sixty and eighty years

of age, still active, mature in mind, and more than ever serviceable to their fellows, owe their existence entirely to habitual catheterism.—*Med. News.*

An Ocular Polypus. S. Pollak, M.D., of St. Louis.—A lady of 74 years presented herself with a "bleeding eye." Blood was oozing from beneath the upper lid constantly when the lids were open. The eye was perfectly sound, vision good, except when obscured by the blood. The upper lid was somewhat conical, and of a light bluish tint. On everting it, the conjunctiva was found perfectly smooth, but on pressure, directly on the superior orbital margin, a racemose, painless tumour was extruded from the sulcus, of the size, shape, and color of a Lawton blackberry, which was bleeding profusely on the lightest touch. It was very brittle and friable, and could have been crushed with ease. It was difficult to determine the nature of it. Was it benign or malignant? Was it an angiectasia, an erectile tumour, or a polypus? I am inclined to think it was the last. Though a very confined space for a polyp to emanate from and to grow, yet the mucous membrane everywhere is the habitat of polypi, and the upper sulcus of the eye is well adapted for its origin, although not for its development. It had to be removed at once, and it was promptly effected. With a curette the edges of the tumour were raised; they were found flattened against the conjunctiva, but not attached to it. A pedicle of about a centimeter was reached and readily twisted off with the forceps. Bleeding stopped at once. The levator palpebræ superioris being freed from the impediment of the tumour, resumed its function. This result was entirely satisfactory. No recurrence of bleeding. The wound was nearly cicatrized the next day. The polypoid tumour is carefully preserved, and will be accurately examined with the microscope.—*Am. Med. Ass. Jnl.*

Tubercle Bacilli in Lupus.—J. Doutrelepont *(Monat. für Prak. Dermat.)* states that he has examined seven cases of Lupus for the bacilli, and with positive results in each. He took a nodule from the ulcer, hardened it in absolute alcohol, made sections with a microtome, stained these after Koch's method, and mounted them in Canada balsam.

Luxation in Acute Rheumatism.—M. Verneuil, at the Société de Chirurgie, made a report, based upon seven cases of luxation, of a similar nature. A subject, young or old, has an attack of rheumatism, which polyarticular at first, is quickly limited to one or two joints. One of these placed in a vicious situation is suddenly luxated at the tenth or fifteenth day of the disease, and at this moment the pains, until then severe, suddenly ceased. The luxation is reduced without difficulty, the limb immobilised, and recovery is only a question of time. Of the seven cases, five were iliac luxations of the hip, and two luxations of the knee backwards. The pathogeny of these luxations has been attributed to hydarthrosis of the joint. M. Verneuil cannot accept this as he never succeeded in diagnosing an acute hydarthrosis of the hip, and on the two knee cases there was certainly no hydarthrosis. He believes the cause to lie in the neighbouring muscles. A muscular group being paralyzed, as often occurs in articular inflammations, the opposite group enter in action and a vicious position being assumed, gives the proper direction and force, and the luxation is produced. The reduction is always easy, but they are as easily reproduced, unless the limb is confined in a retentive apparatus. M. Reclus has met with and published five cases of these luxations. Quite lately he has met with two, one in the ankle, the other of the knee, in a child suffering from infantile paralysis.

Syphilis in Animals.—Dr. L. Letnick and Prof. Reinhardt, of Odessa, have conducted a series of experiments on dogs and pigs with a view to determine whether this disease can be communicated from man to these animals. The material used for inoculation was taken from genuine hard chancres by excision. Portions of these chancres were placed beneath the skin, and the wound protected by gutta percha paper. In no case was syphilis developed. They then made a culture preparation of the chancre in gelatine and Liebig's extract. This was placed under the microscope, and found to contain abundance of the micrococci seen in syphilitic sores. From these trials, however, there was no syphilis. One of the dogs died of septicæmia. From their observations they conclude that syphilis can not be given to animals.—*Wien. Med. Wochen.*

RESORCIN AND CHINOLINE SALICYLATE IN OTORRHŒA.—Chas H. Burnett, M.D. in *Phil. Med. Times*, has used powdered resorcin, pure or mixed with boric acid, one part to seven of the latter, with great success in chronic purulent otitis media. After cleaning the discharging ear, the powder is blown in, or the mucous cavity may be swabbed with a piece of cotton twisted on a holder and dipped in a pasty solution of resorcin. Chinoline is an energetic bacteria poison, its best known salts are the tartrate and salicylate; the latter is colourless and amorphous. It is blown into the auditory canal; it is a detergent and disinfectant powder; if the skin is ulcerated the undiluted powder caused pain; hence a one in eight mixture with boric acid, was satisfactorily substituted. It is a prompt destroyer of the aspergillus. The mucous membrane becomes blanched under the use of these drugs; the odour of decomposing pus lessened or removed, and the secretions cease.

ANTI-SYPHILITIC LOTION—MARTINEAU:—

℞ Hydrate Chloral..... 3 iiss.
Tincture of Eucalyptus ... 3 iiss.
Distilled water ..... 0 ij.

Dissolve. To be used as a lotion morning and evening in syphilides of the vulva. —*L'Un. Méd.*

TREATMENT OF OBSTINATE MASTURBATION AND NOCTURNAL POLLUTION.—Dr. Haynes (*Boston Med. and Surg. Jnl.*) has successfully performed in these cases, not castration, which his patients nearly always refused, but resection of a portion of the vas deferens.—*L'Un. Méd. du Canada.*

Midwifery.

THE PREVENTION AND TREATMENT OF PUERPERAL FEVER.*

BY T. GAILLARD THOMAS, M.D., NEW YORK.

Prophylactic Measures.—1. In all midwifery cases, whether in hospital or private practice, the floor and ceiling of the room in which the woman is to be confined should be thoroughly washed with a ten per cent. solution of carbolic acid, or a bichloride of mercury solution, one to one thousand. The bedstead and the mattress should be sponged with the same solution. All curtains and upholstering should be dispensed with.

2. The nurses and physician should take care that all their clothing is free from exposure to the effluvia of septic infection, and if there has been any exposure all the clothing should be changed and the body should be thoroughly sponged with a saturated solution of boracic acid.

3. As labour sets in the nurse should thoroughly wash her hands with soap and water, removing the dirt from under the nails, administer an antiseptic vaginal injection, repeat it every four hours during labour, and keep a napkin wrung out of the same antiseptic solution over the genitals until the birth of the child.

4. Both doctor and nurse should wash their hands thoroughly with soap and water, and scrape the nails, and afterwards soak their hands for several minutes in a solution of bichloride of mercury (1 to 1,000).

5. The third stage of labour should be efficiently produced, all portions of placenta should be removed, and ergot administered in moderate doses three times a day, to be kept up for at least one week, to secure complete expulsion of the clots and closure of the uterine vessels.

6. The doctor should take nothing for granted, but at the conclusion of labour should carefully examine the vulva of the patient. If there is any rupture of the perineum it should be closed at once by suture, and if slight lacerations are found they should be dried thoroughly with a cloth, and equal parts of a saturated solution of carbolic acid and persulphate of iron applied, and again the surface dried with a cloth and painted over with gutta-percha collodion.

7. Within six or eight hours after the termination of labour, syringe out the vagina with an antiseptic solution, and introduce a suppository of cocoa butter containing from three to five grains of iodoform.

8. The vaginal injections should be repeated every eight hours. But in all cases of difficult labour, and in those in which instruments have been employed, they should be administered twice as often, and kept up at least for ten days. The nurse must wash and disinfect her hands before *every* approach to the genital tract of the woman.

9. Employ a new gum elastic catheter which has been thoroughly immersed in an

* Abstract of paper read before the New York Academy of Medicine, December, 1883.

antiseptic fluid each time the bladder is evacuated, rather than trust the nurse to cleanse an old silver catheter.

10. The physician must inform himself *by personal observation* as to the competency of the nurse with regard to the use of the catheter, the administration of the vaginal injections, and the introduction of the suppositories.

It might be objected that so many details with reference to the lying-in woman are unnecessary, because of the enormous preponderance of cases in which complete recovery ensues without such treatment, and that to introduce them savors of the performance of some grave surgical operation. So much the more did Dr. Thomas urge them on this very ground, because he believed that the woman who is to bring forth should be treated as though she is to go through a capital operation.

At this point Dr. Thomas made a strong protest against the use of intra-uterine injections as a prophylactic resource, except after very severe operations in the uterine cavity, which rendered the occurrence of septicæmia almost certain.

But suppose that despite all these precautions the poison has entered, what are the most reliable means for checking the advance of the septic disorder? He did not believe there is any specific disease-germ which gives rise to puerperal septicæmia. It is probably the same cause which gives rise to septicæmia in the stump after an amputation, or after a wound with compound fracture, or in the lacerated tract after gunshot wound.

A portion of retained placenta or membranes does not give rise to true puerperal septicæmia, but rather to a toxæmia. If the mere presence of decaying material would produce septicæmia without the agency of a specific disease-germ, the disease would develop in healthy country localities.

As soon as the patient is stricken by the poison, certain morbid phenomena develop themselves, such as chill, high temperature, pelvic pain, mental disturbance, headache, pain in the back, and sometimes, though not commonly, nausea and vomiting.

Treatment for the Cure.—First.—As soon as the diagnosis is determined upon, all pain and nervous perturbation should be allayed by a hypodermic injection of morphine, unless there is some special idosyncrasy in regard to opium, and throughout the attack, whether suffering in mind or body, the hypodermic use of morphine should be repeated sufficiently often to allay it. In this particular case the drug should be used hypodermically, and special care should be taken to use a clean syringe, dipping the needle before its use into a solution of bichloride of mercury (1 to 1,000), which will prevent the formation of abscess.

Second.—Being relieved of pain, spread an India-rubber cloth over the edge of the bed, making it fall into a tub of water rendered antiseptic by the use of carbolic acid (two and one-half per cent.), or bichloride of mercury (1 to 2,000). Then move the patient very gently across the bed, place a pillow under the head, allow each foot to rest upon the side of the tub, and cover with blankets. Then introduce either a Chamberlain glass tube or a Lyman metallic tube, very carefully guided by the index finger, passing it up to the very fundus of the uterus, attach a Davidson syringe, and throw a stream of water with gentle force against the lining membrane of the organ. If there is any suspicion that there remain attached portions of placenta or membranes, they should be carefully removed, using the finger-nails as a curette, as advised by Dr. Wilson, of Baltimore.

There are dangers attending the administration of these injections: first, the entrance of air into the uterine sinuses; second, the production of hæmorrhage; third, the danger of forcing fluid directly into the general circulation through the injection tube into the mouth of the sinuses; fourth, convulsions and violent pain, which produce a sudden and baneful influence upon the nervous system, and fifth, the passage of fluid into the peritoneal cavity through the Fallopian tube. All of these may to a very great extent be avoided by careful attention to details. By the use of a large tube, with water not less than 100° F., and using only a moderate degree of force, proceeding gently, cautiously, and slowly, these dangers can be avoided. The tube should not be allowed to fill the os internum or externum completely. If after the use of the injections it is found that the cervical canal hugs the tube too closely, it should be dilated before further injections are practised, and this may be done by the use of either the hard rubber or Barnes' dilators. If hæmorrhage occurs, persulphate

of iron should be added to the antiseptic solution and ergot administered.

The frequency of the administration of the intra uterine injection should be varied greatly with individual cases. In moderate cases, where the temperature falls readily, only once in five hours may be all that will be required, while in other cases they may be required every three hours, and in bad cases they may be administered as often as every hour. These injections should be administered by the physician always, and should be carried up to the fundus uteri, and every precaution exercised concerning detail. Dr. Thomas favoured the intermittent stream. For a number of years he entertained the idea that the continuous flow was most desirable, but on that point he had changed his opinion entirely. Continuous irrigation he regarded as a delusion and a snare. For vaginal irrigation it is an excellent method; nevertheless, in severe cases he preferred to employ continuous irrigation and use the intermittent stream every three hours rather than exhaust the patient by the use of injections as often as seemed desirable. At all events, that plan is best which best cleanses the parturient canal.

Third.—Control the temperature by the use of Townsend's rubber-tube coil, placed over the entire abdomen, from the ensiform cartilage to the symphysis pubis, with ice-water flowing through it. In his service at the Woman's Hospital this means of controlling the temperature is as commonly and freely used as are gargles for diseases of the throat, and thus far no ill-effects had been produced, either in the way of chilliness or by the development of complicating diseases, such as pneumonia, pleurisy, etc. Formerly he relied upon Kibbee's cot for the same purpose, but had found the coil much more convenient.

Fourth.—Keep the nervous system under the influence of quinine, fifteen grains night and morning, or Warburg's tincture administered in capsule, according to the recommendation of Dr. John T. Metcalf, or by the use of salicylate of soda.

Fifth.—The diet should consist of fluid food, and the staple article should be milk, but animal broths may be alternated with it.

Sixth.—Efficient and abundant assistants. Two nurses are necessary, one for night and the other for day, and at least one extra physician as an assistant, in order to carry out this method of treatment effectually.

In regard to the antiseptic substances used, they have been thymol, boracic acid, salicylic acid, carbolic acid, and bichloride of mercury. The last two are the best, and the bichloride seems to be about to supersede the carbolic acid, and for intra-uterine injections it should be used in the strength or 1 to 2,000.—*Med. Record.*

The Prevention of Mammary Abscess.—Dr. Richard Wood expresses the "firm belief based upon an experience of ten or twelve years, that no breast during lactation would ever suppurate if proper preventive treatment could be adopted early enough." His plan is, in the first place, to watch closely for premonitory signs of trouble in the mammæ. These are: first, pain and soreness about one of the nipples. This warning must never be disregarded. A glass shield, with a tube and an India-rubber nipple for the infant, should be put in use at once, and local applications of glycerite of tannin should be made frequently. If the mother continues to suffer in spite of these measures, the child must not be allowed to nurse from the affected breast. These means will probably be sufficient, if there is no localized induration, redness, or tenderness in the substance of the breast itself. If, however, such a condition exists, no time should be lost before active treatment is begun. If shivering has occurred, it may already be too late. To insure success, the case must be taken in hand the same day the pain and hardness are first noticed. A piece of lint, doubled four times, and ample enough to cover the tender part of the breast easily, is to be soaked in one ounce of belladonna liniment. This is to be laid on and covered with gutta-percha tissue, and the whole "bandaged up carefully with three bandages, each six yards in length." A five-grain pill of calomel and the following mixture are to be prescribed internally:

℞ Tincturæ belladonnæ, ℥ ij;
magnesii sulphatis, ℥ iss;
spiritus chloroformi, ℥ ij;
aquam destillatam ad ℥ vj.
M. Sig. Two tablespoonfuls every 3 hours.

In very delicate women the effect of the medicine must be carefully watched. If the bowels act more than four or five times, it must be stopped, but resumed again on

the following day. The belladonna, however, should not be stopped unless the head, tongue, throat, or pulse makes it necessary. The second day the dressing should be resumed and reapplied as before, after the lint has been soaked in more belladonna liniment. The breast must be well supported by carrying the bandages around the neck and shoulder every time. The hardness and inflammation should yield in about three days. After that period a few more dressings on alternate days may be required. Meat and all stimulating beverages should be interdicted from the outset. For the first day, the less the patient eats the better. "At the same time the nurse should have instructions not to be afraid to give brandy, if there should be signs of fainting from the violent action of the aperient."

This treatment [which Dr. Wood appears, from the sentence just quoted, to recognize as heroic] has proved successful in his hands even in cases in which this most painful and distressing affection had been allowed to go without proper attention for two or three days. It would be well for physicians to caution women whom they attend in confinement, or their attendants, that the first indication of trouble in a nipple or breast is a warning that should be promptly attended to. To regard it, as so many women do, as one of the little things which are too trivial to need the attention of the physician is to invite an experience which, of those ills that do not actually threaten life, is about as serious as a woman can undergo.—*N. Y. Med. Jnl.*

Pessaries.—Undoubtedly a woman wearing a pessary should not be sent away ignorant of its presence, and without any directions. She should therefore be informed that such an instrument has been inserted, and she should be given certain directions. Thus, it is advisable at once to tell her that it is well to wash out the vagina once or twice a day with simple water, which will prevent secretions from accumulating, decomposing, and causing an unpleasant smell (which in some cases is bad enough to suggest the presence of cancer); she should also be told that soreness, itching, or profuse discharge indicates that the pessary should be seen to, and, generally, that it should not be worn without being seen to three or four times a year. It is also usually advisable that the doctor should satisfy himself in a week or so that the pessary is doing good, and doing no harm, and then, having once started the treatment, the patient should be left to test its efficacy. Now this test implies the removal of some symptoms or symptom, which may justly be attributed to some former morbid condition, and it also implies the locomotion of the patient. Generally speaking, a patient lying down is better without a pessary, whatever displacement is present; thus it is rare for even complete procidentia not to reduce itself, or become much smaller, when the patient lies down, and the symptoms of partial descent, which (if there are any symptoms at all) will include almost certainly a sense of weight and dragging pain in one or other iliac fossa, will disappear, or become greatly diminished, in the recumbent position. A pain which is better when the patient is standing and worse when she is lying should be regarded with suspicion if supposed to be due to descent or displacement: it is probably nothing of the kind. Thus it is to relieve pains increased by standing that pessaries are most generaliy useful. If this is not effected, the uterus may be unquestionably in the "normal" position, but the pessary is useless, and, if useless, injurious. Thus, the proper use of pessaries is first, in most cases, after the insertion of the pessary, to get the patient on her legs; secondly, to satisfy oneself in a few days that it is doing good and is doing no harm; but as soon as both these objects are attained, to send the patient away to test the treatment, with the above directions. It should not be the task of months to fit a woman with a pessary, any more than with a truss. The following are *not* instances of the proper use of pessaries. To keep the patient in bed for long periods wearing a pessary; to see her every day, every other day, twice a week, for weeks, months, or years. Perhaps such visits are not made to the patient, but to the pessary. However that may be, it is not the pessary, but the patient, who has to pay. What should we say of a surgeon who called for months to see a patient to whom he had given a wooden leg or a truss, and who kept him in bed for long periods; or of an oculist who had fitted a patient with spectacles, and saw him every day for several months, whether the spectacles seemed to suit him or not? It is true that the pessary is a truss in the dark, but that is no reason why the management of a

pessary should be a deed of darkness. Recent investigations have shown that the whole question of displacements has to be reconsidered. It cannot be too widely or too dogmatically stated that prolonged treatment by pessaries, such as we have described, is quite inadmissible and unnecessary; and if unnecessary, injurious not only to the patient—*i.e.*, to her *morale* as well as her purse,—but also, in the best sense, to the practitioner; and if to the patient and practitioner, then to the public and the profession. It should also be realised that a pessary is a mere form of truss, and that its operations, though removed from the general view, are not occult. Ill-treatment bids fair to bring this useful form of truss into disrepute, and we are daily expecting to meet the practitioner whose sensitiveness is such that he shrinks from a cure whose name he has learnt to mistrust and dislike; but we feel bound to say we have not come across him yet.—*Lond. Lancet.*

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JANUARY, 1884.

HAPPY NEW YEAR.

We congratulate ourselves upon our advancement to the ninth volume. It is our desire to press forward in the race set before us, and aided by our friends and subscribers we expect to win the prize of our high calling. Asking only a continuance of their friendly support we wish for them all, A Happy New Year.

DIDACTIC LECTURES IN MEDICAL SCHOOLS.

At the recent Medical School dinners in Toronto, several allusions were made to the present arrangements in the schools regarding lectures. It is well known that two courses of lectures are required in nearly all the subjects. The students, almost without exception, consider this regulation not only useless but an actual drawback, and have protested against the custom on many occasions.

We attach a great deal of importance to didactic lectures when delivered by men who have a thorough knowledge of their subjects, and at the same time endeavour to teach rather than to lecture; but it seems rather remarkable in these days that students should be compelled to listen to the same lectures twice. In former times when medical books were few and expensive, and students had to depend principally on their notes taken from their lectures, it is easy to see why a double course was demanded; but in modern times when many subjects are added to the course, and much more laboratory and hospital work are required, and while medical text books are numerous, excellent, and cheap, it is hard to see any necessity for the maintenance of the regulation.

We understand that a committee of the Ontario Medical Council is at the present time considering this question and we hope that as a consequence a change will be made in its curriculum. One course of didactic lectures is sufficient in such subjects as Surgery, Medicine, Midwifery, Jurisprudence, Physiology, Materia Medica, and Chemistry, while two courses are all important in such a subject as Anatomy. This would leave the students no time for idling, but would give them more time for their practical work in the laboratories, dissecting rooms, and hospitals. Such a programme would correspond pretty closely with that in the University of London, England, and has in Canada been adopted by the University of Toronto.

An important consideration for the school then, would be the question of fees, but they could regulate that as they pleased without losing any of their revenue. They could charge a double sum for the one course,

while they made the second free but not compulsory.

UNIVERSITY CLUB.

Early in December last a meeting of University graduates was convened at the hall of the College of Physicians and Surgeons. The object of the meeting was to obtain the views of University men upon the advisability of establishing a club for social purposes, where University men could meet and discuss matters in connection with their universities, and it was thought that some centre around which University matters would revolve could be formed, of interest to the graduates sufficient to command their presence and support.

The meeting was not numerously attended nor was there an overwhelming amount of enthusiasm manifested. In view of the agitated condition of University matters now absorbing the attention of University men, questions, which might possibly eventuate in a continuance of the old unfortunate heated prejudices, and in the formation of future perhaps more bitter feelings of dislike and animosity, it was deemed inopportune to push the question of the establishment of a club at the present time. A committee was however struck with power to add to their number to investigate what resources they could depend upon for its support and inauguration in case it was once established. This committee was made as representative as possible of the Universities of Canada. They held a meeting on December 20th, but no definite conclusions could be arrived at, and they adjourned to meet again.

TORONTO HOSPITAL CLINICS.

The extra clinics given this session on diseases of the skin by Dr. Graham and diseases of women by Dr. Temple have been well attended and highly appreciated. Dr. Uzziel Ogden will conduct the women's clinic for the remaining half of the session. The regular out-door, in-door, and bedside clinics go on as usual.

THE TORONTO SCHOOL OF MEDICINE MEDICAL SOCIETY.

The first meeting of this Society in January will be an open one. An attractive programme is promised.

The State Boards of Health are agitating for the formation of a section in the American Medical Association to be devoted to the work of Boards of Health—or for the formation of a separate organization, in order that the everyday work of such Boards may be more fully and profitably discussed. Advantage is to be taken of the meeting of the American Medical Association in Washington in May, 1884, for the furtherance of this object. Committees have already been appointed, Drs. H. B. Baker and McCormack to confer with the State Boards to secure their co-operation; and Drs. Reeves of West Virginia, Chamberlain of Connecticut, and Stephen Smith of New York, on organization—to report at the meeting in May. It is thought that by this means sanitary progress will be quickened and rendered more thorough and efficient, and that concerted action without reference to State lines and borders will materially aid in the solution of the vexed question, of quarantine, inspection, disinfection and other international sanitary questions.

An over-zealous friend inserted in the columns of the *West-End Gazette* a prominent advertisement of Dr. Bryce. From the letter written to his friend by Dr. Bryce, which we had an opportunity of perusing, we imagine the indiscretion will not occur a second time.

The teaching of physiology in Paris, is not received with that amount of fervour and enthusiasm it meets with in Germany and Austria, *Le Progrès Médical* says that of 6,000 medical students, only six attend the physiological lectures, and that while the professor is greeted with a crowded theatre, his assistant lecturers and tutors have nearly empty benches.

The London correspondent of the *St. Louis Courier of Medicine* was astonished to find only five or six students, in addition to the assistants present, to see Lister operate on the occasion of his first appearance after his recent trip to the Continent.

The *International Review of Medical and Surgical Technics* has just been organised and its first number appears this month. It is under the joint editorship of Drs. Jos. H. Warren, Chas. Everett Warren, and W. Everett Smith; and is published at Boston, 51 Union Park. It is a quarterly and intends to confine its attention to new instruments, appliances, and methods of operation, the devices and methods of the preparation and administration of drugs; a department devoted to the synoptical review of books, and a department of notes and queries. The promises are fair and if thoroughly carried out, will beneficially fill a gap in medical literature. We welcome it to our exchange list and wish it abundant success.

The American Druggist, is the title by which our old and reliable friend, *New Remedies*, is to appear in 1884. In an entirely new dress, with double the amount of matter and halt the previous subscription—it will be the wonder of the age. We wish it and its enterprising publishers all success and a prosperously Happy New Year.

OBITUARY.

DR. ARCHIBALD ALEXANDER RIDDEL.

It is undoubtedly difficult to write the obituary of one whom we have but little known, yet strange as it may to some appear, it is far more difficult to write that of one whom we have known long and intimately. Of the dead we are instructed to say only that which is good, but only the dead are faultless. Shakespeare has told us "the web of our life is of a mingled yarn." That such it was in Dr. Riddel's case, his warmest friends well knew, but perhaps few webs of life have had more golden threads in their woof. He was a man of sterling honesty, unswerving truthfulness, and unflinching courage, ever "too fond of the right to pursue the expedient." He never desired the friendship of the false, and therefore he never sought it. That his estimate of his fellowmen should be always correct, would have demanded infallibility. That he ever had the courage of his opinions, none who knew him well will question. Perhaps his most salient characteristic was that of enduring negation. No organization in which he took part could ever fall into torpidity. As a civic alderman, as a member of three medical associations, and of the Canadian Institute, he exhibited superior judgment and laudable zeal. He was one of the founders of the present Toronto Medical Society, and so long as his health permitted, he took an active part in its proceedings, and contributed some valuable papers. He was the ablest coroner that ever filled that office in Toronto, if not in all Canada. Few men could write more vigorously or more tersely, and very few have read more diligently or more widely. By his assiduity and perseverance he acquired a fair knowledge of the Spanish, French, Italian, Portuguese and German languages, and until within three weeks of his death he did not relinquish these studies.

But few of the citizens of Toronto have ever known, and fewer, alas! have justly appreciated the services rendered by Dr. Riddel in his capacity of physician to the Small-pox Hospital. The writer of these lines was cognizant of acts of Samaritan philanthropy and unostentatious abnegation, there performed by him, which might give him rank among the noblest benefactors of humanity. But his good deeds our city fathers wrote *in water*, and poor Riddel had more milk than *brass* in his frail organism.

An old friend of Dr. Riddel, at the funeral, said to the writer, "There lies a man who was understood by very few." Truer words were never spoken. After almost two score years of close acquaintance, I might well have said the like. For one good quality I can give him ample praise; he never failed to tell me of my faults, and he never enlarged my self-esteem by extolling my good qualities.

To chronicle his merits as a good husband, a loving father, and a liberal family head, would be to intrude upon the sacred precincts of domestic life. Suffice it to say, it was here the greatest beauty of his life shone, and long will it be enshrined in the hearts of his surviving children. It is very pleasing to know that by his industry, good judgment, and frugality, he was enabled to make a suitable bequest to each of his four daughters.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Regular meeting, November 8th, 1883.

The President, Dr. Graham, in the chair.

Dr. W. H. Aikins, Pickering, and Hearn, elected members.

Dr. Ryerson being absent, Dr. Workman read a translation from the Italian of a valuable paper on the Localization of Cerebral Functions. After discussion on the paper, cases in practice were called for.

Dr. Covernton spoke of the great benefit he had derived from the use of Croton Chloral in cases of Facial Neuralgia.

Dr. Carson fully endorsed the remarks on the value of this drug and also spoke highly of Gelseminum, which, however, had the disadvantage of producing partial intoxication.

Dr. Cameron recommended the Ammonio Sulphate of Copper.

The President nominated Drs. Sheard, Krauss, and W. H. Aikins, as a Microscopical Committee. He also gave notice of motion to alter the by-laws, so that weekly meetings may be held.

Dr. Covernton gave notice of motion, relative to the reduction of the annual fee from $3 to $2.

Dr. Carson promised to read at a future meeting a paper upon Abortion.

The meeting then adjourned.

NOVEMBER 22nd.

The President, Dr. Graham, in the chair. The minutes read and approved.

Dr. Cassidy read the notes of a case of Abscess of the Brain. J. G., æt 33, admitted to the General Hospital, October 23rd, 1883, with two cuts over left upper part of frontal bone. He was conscious when seen the following day by Dr. Cassidy, but could not explain how he had received the injuries, having been drunk at the time. It appeared that he had fallen and struck his head against a crockery spittoon. For ten or twelve days matters progressed satisfactorily, then he began to complain of severe headache, which, in spite of treatment, gradually increased. November 17, patient was in a stupor, the sphincters paralysed, the temperature normal. November 18th, quite unconscious; it was decided to trephine over the seat of injury. This was done, no depressed bone was found, nor blood, nor pus, but the brain bulged a little through the opening; suspecting fluid the needle of a large hypodermic syringe was passed into the arachnoid, with negative results. Nothing further was done, Dr. O'Reilly advising against it. The patient remained unconscious and died the same day.

Autopsy by Dr. Sheard, November 19. An oval fracture about the size of a five cent piece was found where the blow had been received, it was not depressed. On cutting into the brain substance an abscess containing curdy pus was found in the left frontal lobe about $1\frac{3}{4}$ inches in length. This was the only lesion discovered.

Dr. Cassidy remarked upon the length of time between the occurrence of the accident and the development of untoward symptoms, viz., eighteen days. He also urged the advisability of exploring the brain substance in similar cases. The pulse was slow and full, sixty to the minute, the power of speech was retained, there had been no rigors.

Dr. Oldright had dressed the wound before sending the patient to the Hospital. The cut was as clean as though made by a sharp instrument. He asked after the condition of the pupils.

Dr. Cassidy replied that the pupils were equal and responded to light, there was slight contraction.

Dr. Graham showed a girl, æt 11, with a peculiar form of epilepsy, he had carefully sought for sources of irritation, he had found pin worms in the rectum and vagina, but their removal had not improved the condition of the patient.

Dr. Duncan presented for Dr. Cameron, the following specimens.

I. A finger, which had been removed from a demented woman, æt. 70, for supposed malignant growth thereon. The specimen was referred to the microscopical committee for examination and report.

II. A brain from a woman, æt. 40; married 22 years, had several children, one miscarriage in early days of wedded life, children healthy, husband healthy; previous personal history discloses no ill health. Thin, spare woman, not grey nor bald; marked capillary ectasia in skin of nose; no other external evidence of disease or degeneration. Eye-sight has deteriorated in last two or three years; never suffered from ear-trouble; not subject to headaches. Pulse on admission hard, incompressible—high pressure. Three weeks ago the patient having been in her usual supposed good health was suddenly seized, while engaged in housework, with pain in the right side and back of head and neck. Shortly afterwards an epileptiform convulsion came on accompanied and followed by unconsciousness which persisted for several hours. When consciousness returned, complaint was made of pain in right side of head and back of head and neck, and incoercible vomiting for 48 hours. Dr. R. H. Robinson, who saw her at that time, found deviation of the tongue to the right on protrusion. Patient's condition then somewhat improved, but in ten days another convulsion accompanied with similar phenomena occurred. Improvement seemed to follow brisk purgation. Five days later she was admitted to hospital. She was then cyanosed and unconscious. Pupils contracted, equal, responding to the stimulus of light; slight passive divergence of eyeballs.

Respirations quick and shallow, no puffing of cheeks or lips on respiration; pulse hard incompressible over 100. Muscular tonicity of right side normal; *partial* left brachial monoplegia. Skin reflexes slightly diminished; tendon reflexes also slightly diminished, certainly not exaggerated. Potass bromide, aloes and asafœtida, administered; could swallow solid bolus better than liquids. Next day—consciousness returned, bowels had acted, passed urine, asked for utensil; could answer questions rationally; complained of pain in right side of head and back of head and neck and also in back; could move all four limbs; grasp of left hand weaker than right; legs manifested an irresistible tendency to fall out of left side of bed, had to be pinned in. Urine laden with urates, no albumen; tongue protruded straight. Next day, felt somewhat better, pain in head and neck persists. Ophthalmoscopic examination, kindly made by Dr. Reeve, entirely negative.

Next day, still felt somewht better; head rotated markedly to the right, any attempt to straighten it is painful. Other symptoms same as before. No marked localized tenderness in scalp. No valvular cardiac lesions. Temperature 101° F. Aneurysm thought to be excluded; tumour likewise, syphilitic gummata likewise, embolism probably, hæmorrhage not likely from age, and site of lesion; thrombosis of right lateral sinus with effusion and pachymeningitis leaned to, but diagnosis not made.

Next day, no change, quite rational.

Next day, coma, cyanosis, rapid pulse and breathing, death.

Autopsy 6 or 8 hours after death. There was a thin layer of blood beneath the pia mater on the right side dipping between the convolutions, and an extensive extravasation, columnar in shape, about half inch in diameter extending through the brain substance from about half inch from the cortex obliquely to the base, about two inches posterior to the sylvian fissure. Heart concentrically hypertrophied, no valvular lesions. Lungs somewhat emphysematous. Liver healthy, kidneys small, capsules adherent, cortex granular.

Dr. Adam Wright presented the kidney from a case of pyo-nephrosis with the history (see page 6.)

Dr. Cassidy remarked upon the similarity of a case which came under his observation. He agreed with Dr. Wright that earlier operative interference would have prolonged life.

After some miscellaneous business the Society adjourned.

Book Notices.

The Electro-Osteotome. By M. Josiah Roberts, M.D., New York. (Reprint from *The Medical Record.*)

Description of a Revolving Astigmatic Disk. By Chas. A. Oliver, M.D. (Reprint from *Medical News.*)

Invitation and Programme for a Sanitary Conventiou in the City of Ionia, Michigan. A. W. Dodge, Secretary.

Explanatory Announcement. Minnesota State Board of Medical Examiners. P. H. Millard, M.D., Secretary.

Observations on Sponge Grafting. By Ed. Borck, A.M., M.D., of St. Louis. (Reprint from *Weekly Medical Review.*)

Announcement of the Hospital College of Medicine. Session 1884. Louisville, Ky. Wm. H. Bolling, M.D., Dean.

Health and Meteorological Bulletins. Issued by Provincial Board of Health of Ontario. P. H. Bryce, M.A., M.D., Sec.

Health Mortuary and Meteorological Bulletins. Issued by the Michigan State Board of Health. Henry B. Baker, M.D., Lansing, Sec.

Index to the Transactions of the American Medical Association. Vols. I.—XXXIII. Prepared by Wm. B. Atkinson, M.D., Permanent Secretary.

The Increase of Insanity in the United States. Its Causes and Sources. By Foster Pratt, M.D., of Kalamazoo, Mich. (Read before Am. Pub. Health Association, Detroit, Nov., 1883.)

Forty-first Report to Legislature of Massachusetts, relating to the Registry and Return of Births, Marriages and Deaths for year ending Dec. 31st, 1882, with *Report on Libels for Divorce for years 1879 to 1882, inclusive,* with Editorial remarks by Frank Wells, M.D., Boston.

The Medical Record Visiting List, or Physician's Diary for 1884. New York: Wm. Wood & Co.

This excellent Visiting List will be found, by all who use it, convenient and handy. The usual matter for the use of the busy practitioner will be found well selected, and concisely put.

A Treatise on Bright's Disease of the Kidneys; its Pathology, Diagnosis and Treatment, with Chapters on the Anatomy of the Kidney, Albuminuria, and the Urinary Secretion. By Henry B. Millard, M.D., A.M. With numerous original illustrations. New York: Wm. Wood & Co., 1883.

The author states that this work is the result of the experience of nearly twenty-six years' practice, and of the laboratory work of several years. The illustrations, twenty-four in number, are all drawn by himself except seven, and four of these were drawn for him from his own preparations. Three only being borrowed from other authors. He does not consider the term Bright's Disease exact, and in the book employs the word Nephritis. The book is divided into two parts. The first consisting of twenty chapters in which are successively considered the Anatomy of the Kidney, its Physiology and its Pathology. The second part, composed of five chapters, is devoted to the treatment of the various forms of nephritis.

In his description of the epithelia of the kidney, we recognize a disciple of Heitzmann, his illustrations of the varieties of epithelia demonstrate vividly the reticulated structure of the protoplasmic formations. He proceeds to show that this reticulum is the living matter of the cell. He remarks upon and demonstrates the rodlike structure of the epithelium which, he affirms, is formed by this reticulated matter, and that consequently these rods are in close relation with the process of secretion. He asserts that the structureless membrane of the urinary tubules is lined by flat endothelia which in nephritis become enlarged. His description of the sources of the urinary secretion is very clear. In fact throughout the book he displays a remarkably lucidity which adds greatly to the pleasure and profit derived from a perusal of his work.

In discoursing upon the tests for albumin in the urine (our author makes a distinction between albumen and albumin, the latter representing the proximate principle, the former the white of the egg), he accords great accuracy and delicacy to the Brine test of Roberts, of Manchester; and this, by-the-by, is the solitary mention of Roberts' name or allusion to his work on the kidney that occurs. In naming the possible sources of error in using the picric acid test he does not mention the precipitate formed in the urine of those who are taking the cinchona alkaloids by that reagent.

In the chapter upon casts, he asserts his belief that casts are never found in normal conditions of the kidney. He also gives a good description of the differences between the mucous hyaline casts, drawn principally from Tyson. He says that casts are invariably an albuminous exudate into the tubules; and in chapter XI. he gives an interesting account of their formation.

He considers that all forms of Nephritis may be comprised in three varieties:—I. Croupous; II. Interstitial; III. Suppurative. The Croupous and Interstitial he regards as identical in character, and says that they always co-exist.

His chapters upon treatment are very good and full. In acute nephritis he places a high value upon the chlorides of mercury; in interstitial nephritis using the subchloride, and in croupous the corrosive sublimate. Of this latter he uses very small doses of about 1/1000 of a grain, and of calomel 1/10 to 1/20 grain every two or three hours. Diuretics, he finds very useful and often indispensable; they act variously, and sometimes disappointingly.

We have derived great pleasure from the perusal of this work, a pleasure enhanced by the readable type and excellent quality of the paper upon which it is printed. We heartily recommend it to the public.

Insansity in its Medico-Legal Relations. By T. R. Buckham, A.M., M.D. Philadelphia: J. B. Lippincott & Co.

This book is printed on strong paper, and the type, which is set in leaded lines, is invitingly clear. It might be styled a very useful, and indeed much needed publication, could we only hope that it would be calmly read by those who stand most in need of information on the very important questions discussed in its pages; but that any author who appends to his name the ominous letters, A.M., M.D., should expect that the gentlemen of the long robe will condescend to learn from him how ignorant they are of the real nature of insanity, or to discover how utterly absurd, and alternately contradictory, have been the rulings of judges, and how gladiatorily horrible or heinous have been the conflicts of prosecutors and defenders, seems to us little short of the dominance of an insane delusion in

the author himself, which some ill-natured readers might say best qualifies him to deal with his subject; for, is it not known as a melancholy, if not an admonitory fact, that many eminent medical men have died of the very diseases which they had made their life-long studies, and on which they have left treatises of imperishable merit?

But before pronouncing on Dr. Buckham's mental status the reader will do well to weigh carefully some of his more startling utterances. Here is one: "There cannot," says Dr. B., "be two criteria of insanity, a legal and a medical, the one contradictory of the other and both be correct. That which is false in science, cannot be true in law; and that cannot be health in law, which is disease in fact."

Certainly, there cannot be two criteria. There is, in fact, only one criterion, and that is the criterion of the man in the black cap, who lucidly (*lucus a non lucendo*) from the seat of doom, defines insanity, and sends to the gallows whom he deems sane, despite the remonstrances of all the Buckhams in creation. Science, forsooth! Is not law the science of sciences; is it not the hub of the harmonies, the gem of the consistencies, the touchstone of wisdom? Has not might always been right, and is not the judge mightier far than the entire conclave of scribbling doctors who have lived among the insane, and studied insanity in the concrete, so long that their own brains have become muddled and utterly unfit for any reasoning process? "That which is false in science cannot be true in law!" What rubbish! Is it not true that many lunatics have been hanged? Have they not hanged according to law? This is fact, and is not fact truth?

But we may be told judges have differed in their deliverances. Well, what of that? Do doctors, do parsons, do politicians never differ; and has not a very able poet told us that—

"All discord is but harmony, not understood."

Any one who is desirous of learning the harmony of judges in their rulings on the obscure question of mental sanity will find both instruction and amusement in the perusal of Dr. Buckham's appendix. Since the days of "Cobbett's gridiron," nothing half so ludicrous as this miscellany has appeared in print. Perhaps this part of the book, just like the postscript of a lady's letter, is the best of it. We must commend it to every unfortunate chopfallen alienistic expert, who has passed under the frowns of the bench, or the sneers of the bar. Its carminative effect will be stronger than a double dose of chloral; but let him not dream that the oracles of law will stoop to the study of the "Medico-Legal Relations of Insanity." He might as well request Jack Smith to come down from horse-back and see how awkward a rider he is. Judges can ride as they please, and overide all the medical legists that cross their path; nay, indeed, they may ride facing either the head or the tail of their steeds, and what is even more funny, they ride down one another. If anybody questions these facts, let him buy Dr. Buckham's book. If he rises from it without wondering at the wisdom of law he must be a rare specimen of modern mentality.

Personal.

It is said that Professor Lister has been offered, and accepted a baronetcy.

Thomas Beatty, Esq., died suddenly of heart disease on Dec. 26th at Lambton Mills.

Dr. J. E. White, of this city, has been made a director in the Acadian Science Association for his labours and researches in entomology.

Dr. G. B. Smith, of Wilton Avenue, was elected Recording Secretary of the Toronto Medical Society at its last meeting, Dr. Duncan having resigned.

Dr. H. E. Buchan has been appointed Assistant Superintendent of the Asylum of the Insane at Toronto, vice Dr. Lett, who has taken charge of the Homewood Retreat.

Mr. John Herald has been elected President of the Alma Mater Society, after an exciting election, in which the students of the Women's Medical College exercised their suffrage.

The Examiners in Medicine at Trinity University, for the year 1884, have been appointed:—Medicine, Dr. Alex. Davidson; Medical Jurisprudence and Sanitary Science, Dr. Allen Baines. The other examiners are the Professors and Lecturers on their respective subjects in the Trinity Medical School.

Birth.

MACHELL—At Owen Sound, Nov. 17th, the wife of Dr. A. G. Machell, of a daughter.

BALDWIN—On 13th December, the wife of Dr. H. G. Baldwin, of a son.

THE

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TORONTO, FEBRUARY, 1884.

Original Communications.

THE OVERHEAD VENTILATION OF SEWERS.

BY WILLIAM OLDRIGHT, A.M., M.D., TORONTO.

[Read before the American Public Health Association at Detroit, Michigan, Nov. 13-17, 1883.]

The object of the brief paper which I am about to read is to obtain a consideration by this Association of the question whether it is preferable to discharge sewer-gases, as is now done in many of our cities, into our streets on the ground level, amongst wayfarers, who are continually passing over the street ventilators and on all sides of them, or to discharge them at points above the tops of our houses; and in considering it we must bear in mind that in the latter case the gases are to be distributed through a large number of outlets at short distances apart, whereas in the former they are discharged through openings few and far between, and are, therefore, much more concentrated and injurious.

Let us leave out of consideration all side-issues, which, though germane to the subject, have no more bearing on one side than on the other of the particular question proposed. I know some will say: "Attack the main cause of trouble, the existence of decomposing matters in sewers." So we should; but there still remain gases in sewers, and the question now before us is, What shall we do with them? The numerous defects to be met with in house plumbing, and the means for preventing sewer-gases from passing into our abodes, through the drain-connections, have a very important relation to our subject; but, as these have been fully treated by various members of this Association, and I have recently expressed my views on them in an address reported in the annual report of the State Board of Health of Michigan for 1882, and more fully in the latter half of a pamphlet on "The Disposal of Sewage," published a short time ago by the Provincial Board of Health of Ontario, I do not intend to take them up at the present time, for it will be readily admitted by all that, so far as the interiors of our houses are concerned, the plan which should be adopted is that which will secure the greatest immunity from the presence in drains inside of houses of noxious gases in concentrated form.

Let us then address ourselves to the consideration of the question whether sewer-gases should discharge at the level of the road-bed, or into the air above the roofs of the houses. I do not think it will be necessary to spend time in impressing upon such an assemblage as this the fact that to inhale the gaseous contents of sewers is not conducive to health. Even if a system of sewerage be so well conducted that the sewage is removed from it (changed) every twenty-four hours, I do not think we can say there is no danger from inhalation of gases from the excrementitious products and washings of persons ill with infectious diseases. I may, however, call to the attention of some who may not have noticed

it, a report by Mr. Sedgwick Saunders, published some time ago in *The Lancet*. He attributes to sewer-gas, arising from the ventilators in the road-bed in some of the narrow streets of London, cases of typhoid fever and sore throat, and he "suggests an abatement of the evil by the closing of the street ventilating gratings entirely and the erection of upright shafts, six inches in diameter, to be carried above the roofs of the adjacent houses." I am sure that it has occurred to many of us to notice the disagreeable odours that sometimes arise from the street gratings or from the unsealed traps of gullies. Sometimes, too, we are more than usually impressed with the reality of the exhalation of sewer-gas by the sight of columns of vapour arising from these gratings and gullies and rendered more visible by the condition of the atmosphere on a cold damp day; but we should bear in mind that gases proceed from the sewers even when they are not apparent to sight or smell, and that they are often accompanied by germs.

Some speak of the placing of charcoal-trays in the ventilators as a sufficient safeguard. Even were the charcoal constantly dry, sewer-gas at times makes its exit too rapidly for the charcoal to exert any action upon it. So that, however useful an adjunct charcoal may be, it cannot be considered a preventive to the injurious effects of sewer-gas.

But even were there no objection to the method of ventilating by gratings in the road-bed it is not to be relied upon in winter time. The gratings become clogged or closed by ice and frozen mud.

Hence, it seems evident to me that the principle which is now being advised and adopted by leading sanitarians and architects for the safety of the individual householder in regard to his house drain ought to be advised and adopted by sanitarians and engineers for the safety of the whole community in regard to the street sewers. A four-inch pipe (*C*) should be carried from every house drain to the roof of the house which the drain is intended to serve, and should discharge the sewer-gas at a sufficient distance from all chimneys, windows, doors, or other openings into the house. Between this pipe and the sewer no trap should intervene. It would, in my opinion, be better to have a trap between the pipe and the house, provided that, in addition to the extension upwards from the soil-pipe (*A*), there is another four-inch pipe (*B*) forming a counter opening and allowing a current of air to circulate freely through the house-drain and its connections and vents, as described in the pamphlet before referred to and illustrated in the accompanying diagram.

If the health authorities do not wish to risk the odium of thus forcing good health upon the inmates of houses at once, they ought themselves at least to place, at the expense of the corporation, pipes at distances proportionate to the spaces measured off by the sewer-gratings, and might pass a by-law requiring that a pipe shall be connected with every new drain, and every drain that shall require to be reopened, and that within a reasonable time all drains shall be provided with them.

The desirability of some such method of disposing of the gaseous contents of sewers seems so apparent that we feel as though we should call upon municipal authorities to show cause why they do not adopt it (if we may borrow a phrase from the courts of law). Let us examine some of the pleas entered in opposition to the proposed reform.

1. One objection I have heard made by some civil engineers is that, inasmuch as house-drains do not usually enter the sewer at the highest point of the latter, there is a space in the crown of the street sewer that cannot be ventilated through the house-drain when the water in the sewer is higher than the mouth of the drain.

To this I would answer that as there is nobody in the crown of the sewer to be injured it would seem as though nobody

need care whether there is confined air there or not; if the pressure becomes very great the gases will be dislodged and will bubble off at a point higher up the line of sewers, where the drains are not water-locked and where they will find an escape. Most sewers allow for fluctuation of their contents, and it is only at times that the house-drains will be so full as not to allow of counter-currents and through-drafts.

But the ground of this objection furnishes a very strong argument for the overhead ventilation through house-drains; for, when the water closes the mouth of the house-drain, and then rises higher still in the house-drain (as well as in the sewer), what is to become of the gas imprisoned in the drain itself, if there be no vent between the sewer and the traps, the pressure being such as will force the latter? We know that a three-inch seal only offers a resistance of a quarter of a pound for each square inch of surface. The answer to this first objection is partly the answer to the second.

2. The second objection to which I shall refer is that it is not safe to carry sewer-gas through a pipe in such close proximity to the walls of a house, as some of the gas might escape from the pipe.

(a) It is surely safer to have it pass through a pipe outside the house than to have it forced in undiluted form into a pipe inside the house.

(b) It must be remembered that, with the present system of half-clogged and infrequent openings, the contents are much more concentrated.

(c) In further answer to this objection, I would add that the lower part of the pipe, from the drain to a point a few feet above the ground, should be of cast-iron dipped when hot into melted pitch, and above that, of galvanized iron, which, with a good coat of paint, will remain perfectly tight. But, even if a pin-hole had existed here and there, what would that amount to in comparison with the volumes of gas wafted towards the unfortunate houses which happen to be situated opposite a street grating or untrapped gully?

3. Another objection made is that air will not enter the sewers down the long stand-pipes.

(a) Now, I would again answer that so long as the gas, when it does move, moves off overhead, we need not so very much mind its remaining in the sewer for awhile.

(b) But, as a matter of fact, a careful consideration of pneumatic laws and of the forces acting in sewers will show that the objection does not hold. The columns of gas or air on opposite sides of the street, if they are of the same temperature and density, will counterbalance each other; but let the sun shine on one side and immediately an ascensional action begins; or let a cold wind blow on the other, and a cold dense column begins to descend.

(c) Besides, the rising and falling of the liquid in the sewer will cause the gas to be expelled, or the air to be drawn in.

(d) Again, the air will blow up the sewers from their mouths; and, for this reason, flaps should never be placed on the mouths, —free vents being made all along the course of the sewer.

(e) The plea that the gratings are needed for inlets is met by the fact that we so often find them exhaling gases.

So far for objections. I need not refer to the various contrivances for propelling air into sewers and extracting gases from them, such as fans, pumps, steam-jets, and furnace chimneys. They are costly, and, alone, are insufficient and unsatisfactory. When plenty of free vents and good traps exist they are unnecessary, and when these do not exist they are dangerous, inasmuch as such propulsion will force traps, and such extraction will empty them by suction where free vents do not exist.

The true plan seems to be to make plenty of breathing holes, plenty of channels through which currents will continually pass, and which will discharge gases at a safe distance overhead.

I find that, in many of our larger cities, sewer ventilation is quite insufficient and faulty. I find, too, that much apathy—or rather a want of appreciation of correct principles—is found in regard thereto, even among men who are earnest and well versed in matters of sanitation generally. I have therefore thought it a subject which should receive consideration at this meeting.

GUN-SHOT WOUND OF ABDOMEN.

TORONTO GENERAL HOSPITAL, UNDER THE CARE OF DR. ADAM WRIGHT.

REPORTED BY MR. J. W. PATTERSON, M.A.

Robert C. æt. 27.—Previous history good. Has been very irregular in his habits; has drunk to excess at times. Family history good.

About 4 a.m., Dec. 1st, 1882, he was shot, the weapon used being a revolver. Was brought to the Hospital on same day. There was no hæmorrhage. Position of wound on right side, 8 in. below nipple, 3 in. above level of umbilicus, 5 in. outside median line, ½ in. inside nipple line. The bullet had apparently passed in a direction slightly outward. Wound was dressed with antiseptic precautions, and about 3ss. iodoform put in and about the opening. Patient suffers from intense pain in right shoulder.

Dec. 2nd, and Dec. 4th.—Wound dressed; no discharge. Dec. 6th. slight serous discharge: patient has been delirious for past two days.

Dec. 7th. and 8th.—Delirium gone; no control over sphincters; slight serous discharge from wound.

Dec. 10th.—Considerable pus; probe passed beneath the skin in an outward direction for about 2 in. where an artificial opening was made, and drainage tube inserted. Has regained control of sphincters.

Dec. 15th.—No more pus up to this time; drainage tube removed.

Dec. 20th.—Original wound filled with partially organised blood clot.

Jan. 5th, 1883.—Wound has been dressed regularly: no discharge. Just above crest of the ilium, and 2 in. to right of the spine a spot was found which on examination, appeared to contain fluid. This abscess was opened, a considerable amount of sanious pus discharged, probe was introduced and bullet felt, and the latter extracted by aid of the forceps. Drainage tube left in wound and edges of the latter drawn together with stitches.

Jan. 13th.—Drainage tube and stitches removed. From this time until he left the Hospital, nothing occurred worthy of mention. The original bullet wound did not entirely heal until April 8th, and the wound made in the back until April 30th.

The first two or three days of patient's illness the evening temperature rose to 103° and 104°, after which it scarcely ever went higher than 100½°, and during a great part of the time was normal.

Medical treatment consisted in hypodermic injections of morphia and atropia, quinine to counteract the pyæmic symptoms, and at later stage of the illness tonics.

Probes were never used in attempting to find the location of the bullet. Patient left the Hospital, May 13th, cured.

PERINEPHRIC ABSCESS.

CHAS. M'LELLAN, M.D., TRENTON.

Noticing the case of nephrotomy by Dr. A. H. Wright, in the last issue of the *Canadian Practitioner* I am tempted to relate a case which occurred in my practice some years ago.

J. R., a native of Canada, æt. 49, had resided several years in California. Shortly after returning to this country, in October, 1873, he was attacked with difficult and painful micturition. On passing a moderate sized catheter for his relief, ragged pieces of pus escaped with the urine, and at the end of a week it was impossible to pass the instrument without giving extreme pain. On examining the perineum a hard tumour of an inch or

more was felt in front of the anus, and an incision was made from which matter similar to that passed in the urine escaped freely. The catheter could now pass readily, and relief was given for some weeks, at the end of which time the urine became scanty, and pain in the back, groin, and leg was complained of.

Dr. Day, of Trenton, saw the case in consultation, and on examination a somewhat discoloured swelling two or three inches in circumference was found over the right kidney. As the friends objected to any operation an unfavourable prognosis was given. On visiting the patient the following morning I was allowed to incise the part deeply, when an enormous discharge of greenish pus escaped to the great relief of the sufferer. This continued for three months. The wound was washed by injections of solution of carbolic acid and nitrate of silver, and healed at the end of that time. The pain in the right leg persisted for a much longer time, and was only tolerable while the sole of the foot rested on a heated brick; his health is now good, although occasional attacks of irritation of the urethra and bladder are complained of. I will not hazard the opinion that the kidney was destroyed by ulceration, but leave the reader to draw his own inference.

TRAUMATIC RE-SECTION OF THE ELBOW JOINT.

REPORTED BY MR. E. E. KING.

A curious and instructive case of the above operation is at present in the Toronto Gaol, and was shown the writer by the Surgeon, Dr. Richardson, by whose kind permission I am enabled to report it.

The history of the case is very simple. John D, æt. 42, white, formerly a soldier in the 100th Regiment, while stationed at Montreal, fell through the hatchway of a schooner into the hold, breaking his right arm. Admitted to hospital, on the next day, about three inches of the lower end of the humerus and the olecranon process of the ulna were removed by the surgeon of the regiment. He was put to bed, the arm resting on a pillow; the wound through which the portion of the bone was removed healed kindly. He was discharged from the Regiment and Hospital on October 16th, 1868. He had no pain in the arm for about five years, when he felt a pricking sensation at the stump of the humerus and on examination it was found to be caused by a small splinter of the humerus, which was removed in Brantford; since then he has had no trouble with the arm.

The reason I report the case is, simply to show how good an arm remains after so much of the humerus is removed and if possible to explain the working of the muscles whose origins, have partially, or, completely been removed.

The arm appears to the eye the same as its fellow only somewhat shorter and feels a little colder, the muscles of the arm are flabby and slightly atrophied while the muscles of forearm are very hard. On grasping the arm the forearm hangs like a flail and can be swung around in any direction. There is no union whatever between the bones, still he has almost perfect use of the arm. The comparative measurements of the two arms are: Right—length, 19 in.; length of humerus, 9¼ in.; circumference of elbow, 7 in. Left—length, 21 in.; length of humerus, 12¼ in.; circumference of elbow, 8¾ in.; (which was ascertained by measuring from the acromion process to the styloid process of radius, and to the external condyle in left arm and to the stump in the right) There is a shortening of two inches in arm and a loss of three inches of the humerus. He can pronate, supinate, flex and extend the arm, but cannot abduct without causing the forearm to hang loosely from the arm as there is no elbow joint and consequently no lateral ligaments. When he has flexed the forearm he can supinate it, and it then falls outward lying at right angles to the arm and upon the stump of the humerus.

To flex the forearm, the triceps contracts and draws the forearm upward to the stump and to its inner side, then, having a fixed point as the fulcrum, the forearm is drawn up by the contraction of the biceps, supinator longus, and brachialis anticus. After it is flexed the supinator longus still contracts and having no lateral ligaments to restrain the arm it supinates and drops outward. To bring the forearm back to the natural position, the extensors contract (the origins of which are blended with the triceps) and bring the arm in the usual flexed position and it drops to the fully extended.

Pronation is accomplished principally by the pronator quadratus although the lower head of the pronator radii teres is left and no doubt acts strongly.

Supination.—The supinators are not materially affected, although one head of the supinator brevis is gone.

The patient can lift heavy weights from the ground, but in the act the deltoid is called somewhat into action. He has been employed for some years in a brickyard, working at general work.

Selections: Medicine.

POISONING BY HASCHISCH.

BY DR. GUSTAVE LE BON.

Haschisch has been scientifically studied by various authors, but what has not been noted, as far as I am aware, is the analogy existing in certain effects produced by this substance in large doses, and those caused by artificial somnambulism, notably *le dédoublement de la personnalité*. Every one knows that haschisch is prepared from *cannabis indica*, but it is less commonly known that in the East this extract is mixed with various substances which greatly modify its properties, such as nux vomica, ginger, cannella, and even cantharides. That which I have bought in the Grand Bazaar, of Cairo, in a store devoted exclusively to its sale, I found under various forms, but chiefly as pastilles and solid confections of various colours. An Arab, who was enviously watching me purchase a large quantity of this substance, tersely defined to me its effects as follows: "That brings happiness." With it in fact the most miserable fellah can obtain for some hours such enjoyment that he would not change places with the most powerful monarch. (After describing briefly the effects produced by ordinary doses, the author gives the following cases in which quite different symptoms followed large doses.) The subjects of my observation were two ladies who had called at my house to examine some Eastern curiosities and who took by mistake for sweetmeats some confections of haschisch. The dose taken by one lady was seven or eight times the usual quantity. The other lady took four or five times the normal dose. This lady was young and well educated, with a manner usually cold and reserved. A quarter of an hour after taking the haschisch she felt a dull sensation in the head and lay down on the sofa, and during a few minutes had dreams of a very light character. She then got up as if she had been awakened, and walked up and down as she related her dream with a freedom of language quite foreign to her nature; then she sat down on a lounge and began to converse with me with her eyes half closed. I soon found by certain signs that she was in that peculiar state that is often brought about by induced somnambulism. She had lost consciousness of her personality and spoke of herself in the third person as she would have done of a stranger. Her intellect was highly over excited, and the choice of expressions as well as the diction quite remarkable. Although usually rather reserved she replied with the greatest frankness and without hesitation to all questions, even to those relating to facts that she had the greatest interest to conceal. This state lasted half an hour, then she got up, walked about and regained her normal condition; her voice changed, her conversation became less lively, she no longer spoke of herself in the third person, and asked me in astonishment what had happened to her. I then tried to talk of the same subjects as during the sleep, but she stopped me at the first word and became very reserved; after a quarter of an hour she again became unconscious, with excitement and loss of the power of concealing her thoughts. This alternation of the somnambulistic and normal states lasted for three days. On the last, she passed her hand over her

forehead, stopped in the midst of her conversation, and changed entirely in voice, manner and mode of reasoning. From the second day, however, she knew well when she was not in her normal condition, and was conscious of her double personality; one characterized by her being conscious of and obedient to her own will; in the other she was unconscious and not under the control of her will. Nothing could be more curious than this succession of two personalities so different in the same individual.

The second lady, who was the subject of my involuntary experiment, was a phlegmatic Englishwoman of moderate intellect, and possessing in a high degree the British *raideur*. The phenomena observed were at first identical in part to the preceding. I observed at first, a short sleep with pleasant dreams, to which succeeded an apparent awakening, with hyperæsthesia of the intellect, and loss, or, at least at the moment, alteration of personality. Usually, rather reserved, she became bantering and aggressive, with very light language. The slightest pretext caused loud bursts of laughter that I had never observed in the previous case. This state lasted half an hour; then she became unconscious, during which condition she revealed, without the slightest hesitation, her inmost thoughts, and most profound secrets on all the subjects upon which I questioned her. She even kept up as I directed it, a conversation for half an hour with the other lady, and the expressions interchanged between these two unconscious subjects, whose intellects were greatly excited, and who spoke of themselves as strangers, were exceedingly interesting. Unfortunately, the dose of haschisch was much larger than that taken by the former patient, who was besides more robust, and at the expiration of three hours, symptoms of poisoning developed gradually, and soon became of so great a nature, (frequent vomiting, cold extremities, coma, and feebleness of the pulse) that I thought for a moment that the patient would succumb. I was greatly alarmed, and being but imperfectly acquainted with the composition of the haschisch, I could only act according to the symptoms. After producing vomiting, I combatted the tendency to coma by repeated large doses of coffee.. But what best counteracted the progressive chilling of the patient, a chilling of which previous experience had taught me the gravity in many pathological states, was the application of heat. It was only after exposing the patient to a very hot fire that the circulation regained its force, and warmth returned. Feeling much inconvenienced by the fire she requested to be moved away, but in a few minutes the symptoms returned, and it was necessary to keep moving her to and from the fire. After four hours of continued treatment, and the ingestion of eight cups of coffee, she almost entirely recovered, and was able to return home. The next day she was perfectly well, and the psychological phenomena observed for two days in the first case were absent.

* * * * * * *

In most cases of chilling, hot baths, (50° C), would be fatal; but the application of dry heat has an effect truly marvellous. People nearly drowned, who at first seem to be resuscitated, and then die after twenty four hours, succumb most frequently to a gradual chilling that the physician has not thought of combatting. The author suggests in conclusion that the condition that may be produced by haschisch may be utilized in certain grave medico-legal cases to obtain the truth from persons suspected of some crime, and thus serious judicial mistakes would be avoided.—*Journal de Médecine de Paris.*

The Less Obvious Symptoms of Gastric Ulcer.—It would not appear necessary in these cases that the complaint of *severe* pain should be made; though much stress should be laid on its more or less definite localization, and time of occurrence in relation to taking food. It would be surprising to those who may not have paid much attention to this subject to learn that in an extremely large number of the very common complaints of pain between the shoulders at a certain definite spot, or, more rarely, of a similar pain at the epigastrium, which are of constant occurence in the out-patient room, very definite and indubitable histories of considerable vomiting of blood can be obtained, though often this symptom has either been so remote in time, or, if repeated, so slight in degree that the patients do not spontaneously complain of or report it.

It must be remembered that the kind of

complaint under consideration—the definite *interscapular* pain, the "sinking," etc.—although familiar to those whose work is among the lower orders, is but rarely made by the more well-to-do, whose many and variegated dyspeptic maladies are directly traceable to what and how they eat and drink. Such cases of indigestion, on the other hand, and such troublesome cases—from the point of view of treatment—as are so often met with anong the higher classes, occur but rarely among the lower, where, in the few instances taking place outside the circle of tea—and alcohol.dyspepsia, and often in these as well, a cure can generally soon be wrought. But it is by the lower classes, and by women especially, that the definite complaint of interscapular or epigastric pain is so often made; and among them too is admittedly found the greatest incidence of gastric ulcer, as evidenced by unquestionably marked symptoms during life or by examination after death. It may be interesting, perhaps, to remember in this context that the greater frequency of pain between the shoulders than "at the pit of the stomach" may have some connection with the more favourite seat of gastric ulcer on the posterior aspect of the organ, and that the locality of the cause of the pain may be hinted at by the frequently beneficial effect of a sinapism placed *in situ*.

These remarks may be applied as well to cases where no history of hæmatemesis can be obtained, or even where it can be excluded. Many instances of gastric ulcer undoubtedly occur without hæmorrhage, as especially shown by the rapidly perforating ulcers in the anterior wall of the stomach, unchecked in their fatal course by any adhesions to other organs. One practical and additional aid in the diagnosis of the obscurer cases of this affection is the condition of the tongue, which is but rarely coated or furred as it would be were the gastric affection, if accompanied by equal pain, either diffuse inflammation or malignant growth. The reasonable hypothesis of the great clinical frequency of gastric ulcer will often lead to success in treatment after many dietetic changes and many drugs have failed; for it points to as near an approach to *perfect rest* of the stomach as possible—to semi-starvation sometimes for awhile, or even rectal feeding, in cases before any alarm of danger arises. Such treatment will occasionally work apparent wonders, and may serve also to support the diagnosis in the mind of the doubter, when he finds that on a speedy return to ordinary food the patient's pain may often be long in recurring, or may never be heard of again.—*Louis. Med. News.*

Bowel-Obstruction. — Mr. Jonathan Hutchinson says: "When a child becomes suddenly the subject of symptoms of bowel-obstruction, it is probably either intussusception or peritonitis. When an elderly person is the patient, the diagnosis will generally rest between impaction of intestinal contents and malignant disease. In middle life, the causes of obstruction may be various; but intussusception and malignant disease are now very unusual. If repeated attacks of dangerous obstruction have occurred with long intervals of perfect health it may be suspected that the patient is the subject of a chronic diverticulum, or has bands of adhesion, or that some part of the intestine is pouched, and liable to twist. If, in the early part of a case, the abdomen become distended and hard, it is almost certain that there is peritonitis. If the intestines continue to roll about visibly, it is almost certain that there is no peritonitis. This symptom occurs chiefly in emaciated subjects, with obstruction in the colon of long duration. The tendency to vomit will usually be relative to three conditions, and proportionate to them. These are, (1) the nearness of the impediment to the stomach; (2) the tightness of the constriction; and (3) the persistence, or otherwise, with which food and medicine have been given by the mouth."—*Louis. Med. News.*

Enemata in Constipation.—I am afraid our profession does not adequately appreciate the immense advantages to be derived in the treatment of many of the severer forms of constipation and intestinal obstruction from the efficient use of the enema. In France, I understand the enema is the routine domestic aperient. We do these things better in England. The custom of relieving slight constipation by an immediate resort to an enema has never become popular on this side of the Channel, and it is well it is so. My experience has led me to discountenance decidedly the systematic use of rectal injections in the ordinary domestic treatment of the slighter forms of

fæcal sluggishness. Such cases may be treated better, and especially with less tendency to chronicity, by other means. On the other hand, however, in the severer forms of fæcal retention, we ought always to use aperient enemata, and we must take care we use them efficiently. In persons past the meridian of life, and especially in persons of sedentary habits, what may be called simple fæcal retention is a very frequent form of constipation. In such persons, this form of constipation is relatively very frequent, both as compared with other varieties of constipation, and also as compared with the same form of constipation at other times of life, and in individuals of other habits. In such persons, coprostasis (a good old name for fæcal stagnation) is especially apt to produce complete intestinal obstruction. It is in these cases, especially, that life may be saved by enemata. I do not know any form of intestinal obstruction in which enemata can do harm. In most cases, they take a chief place amongst our most potent means of doing good. In many cases which are at first unpromising, and even when the predisposing cause of the obstruction is some organic and incurable disease, we may repeatedly relieve a threatening fæcal accumulation, and long keep off a fatal fæcal stagnation, by the due use of enemata. It is, perhaps, not too much to say that enemata far surpass any other remedies in curative value in the simple coprostasis of advanced life.—*Brit. Med. Jour.*

Oil in the Fæces After Cod Liver Oil Inunctions.—N. A. Randolph, M.D., and A. E. Roussel, M.D., find from a series of experiments that free oil globules increase in the fæces after the prolonged use of cod liver oil inunctions.

They suggest that the circulating fluids become surcharged with fats, and consequently a certain amount of fat is refused by the absorbent surfaces of the intestine and passed from the body unaltered.

This increase of fat in the stools may be used as a test for the efficiency of the aliptic treatment and the frequency of administration and the amount reduced to a minimum gauged by the increase or decrease of fat globules in the fæces.—*Phil. Med. Times.*

Laxative Effects of Chloral Hydrate.—Dr. Bonatti (*L'Union Méd*) has succeeded in producing rapid action of the bowels by the use of hydrate of chloral, two or three grammes dissolved in 100 of infusion of senna. This occurred in chronic rebellious cases, in which drastics as jalap and croton oil had utterly failed. Physiological experience had already shown that the drug produced in animals diarrhœa and intestinal hypersecretion.

Cascara Sagrada in Internal Hæmorrhoids.—Dr. John Elfers, of Sugar Branch, Indiana, speaks very highly in the *Therapeutic Gazette*, for January, 1884, of his use of cascara sagrada in internal hæmorrhoids. Among the many cathartics which he has employed in this condition, this one is, *par excellence*, the best, while its protracted use, by relieving the cause to which the hæmorrhoids are largely traceable, contributes to a permanent cure. He strongly recommends the use of this drug in those cases where, either from reluctance on the part of the physician or objection on the part of the patient, operative interference is not resorted to.

Horrible Hiccough Cured. — Doctor Ruhdorfer, in the *Allgemeine Wiener Medizin. Zeitung*, No. 38, reports a case of hiccough lasting three months, and which morphia, hypodermically, could only check for a few hours or days. It resisted all the usual remedies. The patient dragged on three months under various remedies, morphia being administered whenever an attack lasted beyond eight hours. But at last the attacks became overpowering, and the hiccough was so loud that the patient could be heard outside the house, through two doors. She sat up in bed, supported by her parents; there were dyspnœa and cyanosis, and the head was jerked in all directions, the pulse was small and frequent, the neck was distended. Remembering a case in the *Revue Medico-Chirurgicale*, Dr. Ruhdorfer injected a solution of pilocarpine hydrochlorate (three centigrams in a gram of water). The hiccough was at once cured, as if by magic, and has never returned since.—*Louis Med. News.*

Tests for Bromine and Iodine in the Urine.—Treat the suspected urine, previously acidified, with sulphide of carbon

and hypochlorite of lime. By shaking is obtained an orange yellow colouration sufficiently intense to reveal the presence of bromine.

To recognize a mixture, even very small, of iodine and bromine the same reagent gives excellent results. By adding the hypochlorite of lime in small portions, one obtains first the characteristic violet colouration of iodine. A larger quantity of the reagent decolourizes the iodine and the bromine appears with the orange yellow colouration which distinguishes it.—*Jour. de Méd. de Paris.*

Itching as a Symptom of Bright's Disease.—From the *Med. News*, August 4, 1883, we take the following :—

1. During the course of Bright's disease, itching is experienced unconnected with any cutaneous eruption, and sometimes invading every portion of the integument.

2. This symptom may be described as occurring in three different forms—1st, as itching, properly so-called ; 2nd, as horripilation ; 3rd, as formication.

3. These sensations are a frequent accompaniment of Bright's disease ; they are complained of at various periods ; they may be felt both at the outset and during the course of the confirmed malady.

4. When met with at the commencement, they rank as an important symptom, and one of great semeiological value ; they coincide, at this period, with the pollakiuria, the cramps, the palpitations, the disorders of hearing, the epistaxis, etc., and may precede the appearance of œdema and albuminuria, thus serving, without any other aid, to place the physician on the right diagnostic track.

5. Coming on at a later period, they merely constitute an additional and conjoint symptom of the disease.

6. The pathology of this phenomenon is as yet based upon hypothesis. It represents a disorder of the sensory sphere, due, probably, to the irritation produced at the terminal extremities of the nerves by refuse material retained in the blood through failure in the eliminative functions of the kidneys.—*Jour. of Cutan. and Vener. Diseases, July, 1883.—Quart. Comp. Med. Sci.*

Quinine Amaurosis.—Von Brunner (*Correspondenzblatt f. Schweizer Aertze*) records some cases of this condition from very large doses of quinine. There was mydriasis, and the ophthalmoscope revealed both arterial and venous congestion of the deep structures of the eye. There is also considerable pigmentation or staining in these parts. The prognosis is always good, as he has not yet known of a case in which the sight did not return.

A Pleasant Quinine Mixture.—Dr. J. A. Taylor, of Gridley, Ill., writes to the *Medical and Surgical Reporter :* The following is my prescription for a child three to five years old :—

℞ Quiniæ sul.,..... gr. xij
Acid, tannic..... gr. vj
Sodii bicarbonat..... gr. x.

Mix.

Syr. simplicis, q s.....ad ℥ ij.
Ol gaultheriæ..... gtts. iij.

M. Sig: Teaspoonful every four hours, followed by a draught of water. Shake well before giving.

To this may be added, when desired, bismuth sub. carb., ipecac., opium, podophyllin, leptandrin, etc., anything that does not contain alcohol, which would immediately restore the bitter taste. The formula for any strength mixture is, twice the number of grains of quinia or cinchonidia to tannic acid, and three-fourths as many of sodium bicarbonate.

A simpler mixture, devoid of bitterness when swallowed, is subjoined. All quinine mixtures are followed sooner or later after ingestion by a bitter taste :—

Sulph. quin.,..... ℥ i.
Tannic acid ..... gr. xv.
Syrup of tolu..... ℥ iii.

Triturate thoroughly the quinine and tannin together, gradually adding the syrup. L.P.Y.—*Louis. Med. News.*

Dr. C. Maglieri says: (1). The decoction of lemons in malarial affections gives results equal to and better than quinine. (2). It is not only active, but even after the latter drug ceases to be active. (3). It is not less active in chronic malarial affections. (4). It does not present any of the disadvantageous effects of quinine. (5). Its administration is possible also in catarrhal conditions of the digestive tract. (6). Its cheapness renders it eminently popular.—*Weekly Medical Review.*

New Method of Sewer Ventilation.—The description and drawings of an ingenious contrivance for ventilating sewers and

purifying sewer air have been forwarded to us. The idea seems so good that we regret we have not been able to see it practically applied, though it is stated that successful experiments have been made at Manchester. The apparatus is patented by Mr. T. S. Wilson, F. S. I., and Mr. H. T. Johnson, and is called the Patent Hygienic Furnace. Profiting by the proximity of the gas mains to the sewers, the patentees have constructed a gas furnace to be inserted in the man-holes. The gas is introduced into a little chamber, where it is mixed with a due proportion of air and supplies some Bunsen burners. Immediately above the gas there are some fireclay plates, which soon become heated; while above them are iron divisions. The heat naturally draws the air up from the sewer below; it passes through the Bunsen burners backwards and forwards over the fireclay plates and iron divisions, till at last it finds its exit in the ventilation chamber or man-hole, and hence through the grate into the street. The furnace not only causes a strong current of air from the sewer, but, as it is capable of being heated at from 600° to 700° Fahr., it should destroy all the germ life that travels with the sewer gas. Experiments with sterilized infusions of meat have been made, and whereas ordinary air drawn from the street soon caused the infusions to become turbid with animalcula and fungoid life, no such effect was produced by the sewer air taken after it had passed through this furnace. There is, however, one objection to furnaces when employed to ventilate sewers. They certainly produce a very active suction, but the effect, however energetic, only extends to a short distance. We would therefore suggest, that these ventilating furnaces should be as small and as inexpensive as possible, so that a large number of them might be used, and these at very short intervals.—*Lancet*, September 29, 1883.—*Med. News.*

The Mutability of Bacteria.—The question whether the same germs under different conditions give rise to various diseases has been raised, but not settled. Dr. Carpenter, at the meeting of the British Association, treated the subject from a point of view of natural history. He referred to the facility which the lower forms of life possess of adapting themselves to changed conditions of existence. He believes that the same germs may under altered circumstances produce various diseases, and these opinions he supported by various arguments. The decrease of the virulence of the small-pox which ravaged Europe in the fifteenth century he attributed to the cultivation of the mildest cases which occurred. A severe attack of any particular disease may so affect the system that a disease arises which can not be recognized as related to that from which it proceeded. Under favourable conditions an ordinary intermittent fever may develop into a virulent form, which is highly contagious. There is, in his opinion, very strong ground for the belief that even the innocent hay bacillus may undergo such an alteration in its type as to become the germ of severe disease.—*N. Y. Med. Jnl.*

Epidemic Pneumonia.—Von. A. Seufft (*Berl. Klin. Woch.*) states that in a town of 1,500 inhabitants, located on a high plateau, where no examples of typhus or typhoid fevers had occurred for five years, an epidemic of pneumonia broke out. In twenty-two days there were fifty-nine persons taken ill. Of all the cases twenty were double, twenty-six on the right, and thirteen on the left side. There was pleuritis sicca in two, meningitis in two, In fifteen cases there was diarrhœa. The temperature was remittent, reaching its highest point between five and twelve p. m.; and its lowest point between five and ten a. m.; it sometimes rose as high as 105.8°F. Remissions to the extent of 2.3°F were observed. In no case was the temperature continuous. Five of the fifty-nine were fatal.

Massage in Phlegmasia Alba Dolens.—Kochman has employed massage with good results in this condition. He places the patient so that the leg is higher than the body. Massage is then carefully performed from the foot upwards to the thigh. In one case, where the leg was very large, the swelling went down one-third in four days, and was completely removed in twelve.—(*Allg. Med. Central-Zeitung.*)

Hydrocyanic Acid as an Antidote to Strychnine Poisoning.—Dr. C. H. Watts Parkinson thus writes in the *Brit. Med. Jour.*, July 28, 1883:—Some years since, it

became necessary to destroy an old dog. A large dose of strychnine was administered in bread, but the poison did not act very rapidly, and, as the animal's struggles and pains were distressing to watch, some hydrocyanic acid was poured in his mouth to complete the poisoning and hasten the end. To our surprise, the animal at once improved, and eventually recovered. I had forgotten this until the other day, when one of our cats was found dead in the garden, and the other dying, with all the symptoms of strychnine-poisoning; viz., constant tetanic spasms, and dilatation of the pupils, and insensibility to light. The cat was held firmly, and three or four drops of hydrocyanic acid dropped carefully on the tongue. An improvement was shortly visible; the pupils of the eyes became normal, the convulsions became less and less severe, and in a few hours the cat was all right again. I would add that the cat was nursing a kitten, which apparently suffered no inconvenience from the poisoning.—*Quart. Comp. Med. Sci.*

The Dangers of Ergot in Locomotor Ataxia.—The *Med. Record*, August 4, 1883, says that Dr. J. Grasset relates the case of a patient, thirty-eight years of age, suffering from progressive locomotor ataxia, to whom Charcot gave ergotine in doses gradually increased from four grains to fifteen grains daily. When the dose had reached the latter figure the patient became, with but slight warning, totally paralyzed; sensibility at the same time was markedly diminished. As soon as the drug was stopped the paralysis quickly disappeared, leaving the original trouble slightly increased. The author recalls the investigations of Tuczeck into the changes in the posterior columns in ergotism; those would indicate that ergot will not only not cure ataxia, but can even, under certain circumstances, induce sclerosis of the posterior columns. In any case, great care should be used in the administration of ergot in this disease.—*Quart. Comp. Med. Sci.*

Locomotor Ataxy not Tabes Dorsalis. Matters seem to have rapidly reached a height towards which they have for some time been tending. Before recent years it was something to know that locomotor ataxy was associated with, if not caused by, posterior sclerosis. A fresh and important step in advance, for which we are indebted to Pierret, was made when that able observer declared that the only region sclerosis of which was necessary for the production of the signs of locomotor ataxy was the postero-external column, or "root-zone" of Charcot. Many clinical investigators have shown that the most characteristic symptom of "tabes dorsalis" may be long or even altogether absent—that the awkward gait might never make its appearance. Coetaneously with the propagation of these doctines—by Buzzard, Gowers, and others—Pierret, and afterwards Déjérine, were upholding the doctrine that most, if not all, the symptons of "tabes dorsalis" might be due to multiple peripheral neuritis. In a partially successful case of nerve-stretching for locomotor ataxy by Langenbuch, the patient died at a second operation, apparently from the administration of chloroform. It was found that no changes existed in the spinal cord. Though the peripheral nerves do not seem to have been examined, the instance is of importance in the light of the latest researches of Déjérine. Disturbances of sensation and disorders of locomotion, apparently absolutely identical with the signs of classical tabes dorsalis, have now (*La France Médicale*, Oct. 30th) conclusively been shown to have existed in two cases in which the spinal cord, spinal roots, and ganglia were perfectly healthy, but in which the peripheral nerves exhibited the changes ascribed to atraumatic parenchymatous neuritis.—*London Lancet.*

Urticaria.—McCall Anderson says (*Brit. Med. Jour.*) that when no cause can be made out, or where the supposed cause has been removed, and the eruption continues to crop up, we must treat it empirically * * The medicines from which perhaps, most is to be expected are atropia and bromide of potassium, the former may be administered sub-cutaneously at night, or night and morning, the initial dose for an adult being 1/100 gr.; the latter in doses of ten grains dissolved in water three times a day. In either case the dose should be gradually increased, either until the disease begins to yield, or until the supervention of the usual physiological effects renders it unsafe to push the experiment further.

Corrosive Chloride of Mercury in Diphtheria.—Dr. F. C. Herr, of the South-western Hospital, Philadelphia, contributes

to the *Therapeutic Gazette*, for January, 1884, a very interesting article on the subject of the treatment of diphtheria by means of the chloride of mercury. He credits the introduction of the method which he followed in the cases which form the basis of his report to Dr. Linn, of Pennsylvania. This method consists in the administration to children of less than ten years of age, from one-sixteenth to one-twelfth grain doses of the corrosive chloride, every two to four hours. The administration should be continued until evidences of an arrest of the diphtheritic process or of a disappearance of the exudate have manifested themselves. As a rule, however, the betterment appears after a few doses, and Dr. Herr refers approvingly to the opinion of some who have employed this treatment, to the effect that if the remedy do not produce speedy good results it should be discontinued. If ptyalism occur the remedy should be abandoned, but a singular fact in connection with the administration of the bi-chloride in diphtheria, seems to be that as long as there exists any of the diphtheritic virus in the system, salivation is not apt to occur. After a disappearance of the membrane the drug should still be continued for a short time, owing to the liability of its re-appearance on a discontinuance of the mercury. Dr. Herr has found cascara cordial to be an excellent vehicle for the administration of the drug.

Simple Inflammatory Tonsillitis.—A modification of the guaiac treatment, which consists in the use, as a gargle, of a mixture known in the House Pharmacopœia of the Philadelphia Polyclinic as the Gargarysma Guaiaci Composita, is highly recommended in the treatment of this affection by Dr. J. Solis Cohen. Two fluid-drachms each of the ammoniated tincture of guaiac and the compound tincture of cinchona are mixed with six fluid-drachms of clarified honey, and shaken together until the sides of the containing vessel are well greased. A solution consisting of eighty grains of chlorate of potassium in sufficient water to make four fluid-ounces is then gradually added, the shaking being continued. Without due care in the preparation of this solution the resin will be precipitated. Gargle with this mixture freely and frequently, at intervals of from one-half to three hours. In some cases a saline cathartic is first administered. Should any of the guaiac mixture be swallowed it is considered rather beneficial than otherwise, and in some cases it is advised to swallow some of it. Relief is usually experienced in a few hours.

For some time past Henry G. Houston, M. D., (*Atlantic Journal of Medicine*) has been using eucalyptus in cases of quinsy with very gratifying results. Dilute ℥ j of the fluid extract with ℥ j of warm water, and use as a gargle or spray every twenty minutes. The water must be as warm as the patient can bear it.—*Med. Age.*

Experimental Diphtheria.—A series of valuable experiments and investigations upon the subject of diphtheria have lately been published in Leipsic by Dr. O. Heubner, and reviewed in the *Centralblatt für Klinische Medicin*, No. 43, 1883. Following the lines previously traced by Treitz, Oertel, Weigert, and others, who had already succeeded in the artificial production of false membranes upon mucous surfaces, he made a series of experiments with a view of producing such artificial membranes in a manner more resembling the natural processes of disease than had before been attempted. By modifying the blood supply of a portion of the mucous membrane of the bladder he succeeded in producing a form of epithelial necrosis with the formation of a definite membrane in every way corresponding to that found in diphtheria. By occluding a large branch of an artery for several hours, and then restoring the circulation, he found that the following changes were induced: Inflammatory œdema with the detachment and vacuolation of the epithelial cells, the mucous membrane becoming surrounded with an albuminous exudation which speedily coagulated. In about ten hours parts of the tissue thus affected showed signs of necrosis; in forty-eight hours these parts became still further decolourized, and stood out as yellowish-white patches upon the surface of the mucous membrane. On the edges of these patches the surrounding healthy epithelium was observed to be thickly infiltrated with blood corpuscles. This coagulation-necrosis advanced steadily, gradually attacking the whole mucous membrane of the bladder, the hæmorrhagic infiltration advancing with it. It seems more than probable that the production of simple membranous croup in the human

subject may be due to a similar temporary arrest of circulation from spasmodic contraction of vessels. But from Heubner's experiments it must be concluded that the immediate cause of the local affection of the mucous membrane in diphtheria must be temporary arrest and subsequent restoration of the circulation. This, however, is only a small part of the pathology of the disease. By injecting into the circulation portions of genuine diphtheritic membrane, it was found that the poison concentrated itself especially within the artificially produced patches of membrane, and injections made with this latter membrane were found to be far more fatal in their results than were those made with the first membrane, produced by the natural processes. Further, it was found that injections of apparently healthy membrane in the neighbourhood produced no result whatever. That an active poison must be at work in these cases is almost certain; but the question of its nature remains still unsettled. Whether it must be ranked with the class of septic poisons, of which Koch has enumerated a series, or whether a genuine diphtheritic poison exists distinct from these, cannot at present be proved, although Heubner's experiments have fairly opened a way which may eventually lead to its discovery.—*Med. Times and Gaz.*, December 1, 1883.—*Med. News.*

Artificial Food for Infants.—Dr. Arthur V. Meigs (according to the *Medical News*) considers the following the best food for infants deprived of their mother's milk:—Two tablespoonfuls of cream, one of milk, two of lime-water, and three of water sweetened with pure milk sugar, to be mixed together and warmed. This amount is generally sufficient during the first few weeks, after which the quantity must be increased. He thinks this food should not be made any stronger until the infant is eight or nine months old. A healthy child, after the first few weeks, or three or four months, may take three pints in twenty-four hours, or sometimes more. He recommends the milk and cream from ordinary cows, not rich Jersey milk.

Over twelve thousand copies of the *British Medical Journal* are now issued weekly.

Surgery.

METHOD OF OPENING PSOAS ABSCESSES.

BY T. F. CHAVASSE, M. D., EDIN., F. R. C. S. ENG.

The proper method of treating psoas abscesses, depending upon caries of the spinal column, with expectations of relieving the patient and of obtaining a successful issue, is a question on which there is not a unanimous agreement of opinion amongst surgeons at the present time. Some still consider it best to advocate an expectant policy, and, when driven to active measures, believe that frequent aspirations or small valvular openings made as far as possible from the primary seat of the disease, and closed immediately after the escape of the pus, are the measures likely to be most serviceable in these cases. Such shrink from a free incision into the abscess cavity, owing to the practical fact that severe constitutional symptoms will follow the proceeding if undertaken without special precautions. But the teaching of Sir Joseph Lister, and the introduction of antiseptics into our daily practice, have proved that many operations can now be undertaken with safety and success by those who have had adequate training and experience, which a few years ago would have been deemed rash and unwarrantable. With this knowledge, I would urge that a spinal abscess should be regarded in the same light as a collection of pus due to osseous disease in any other region of the body, and that a free incision should be made and efficient drainage established as soon as the diagnosis is complete. The relief to pain which this evacuation affords is very marked, and will frequently at once restore appetite and healthy sleep—matters of much moment to those affected with a condition which, under the most favourable circumstances, runs a course extending over several months. The best position for making the necessary incision and draining orifice in cases of psoas abscess I propose to consider with you to-day.

The patient before you is twenty-eight years of age, and has a very marked angular curvature involving five of the lower dorsal vertebræ. His history is that he was admitted into the hospital on March 10th, 1883, and that for eighteen months before he had experienced darting pains in the

lumbar region of the spine, causing intense suffering, which was aggravated by movement or by lying on the back. In September, 1882, pain was felt in the right groin, and movements of the thigh were accomplished with difficulty. Shortly afterwards, a lump was noticed in this situation, and continued slowly to increase. On admission, this swelling was found to be a collection of pus in the sheath of the psoas muscle.

On March 20th the abscess was opened in the following manner: An incision was made immediately above the crest of the ilium, commencing at the edge of the erector spinæ muscle and carried transversely outwards for four inches towards the anterior superior spine. Having divided its various structures as in colotomy, the anterior edge of the quadratus lumborum muscle was reached. The forefinger was then passed downwards and forwards on the iliacus until the tense and distended psoas sheath was detected. A scalpel introduced by the side of the finger incised the abscess sac, and the opening was subsequently enlarged by the introduction of a pair of dressing forceps. This proceeding gave exit to a pint and a half of pus. Still keeping the forefinger in the wound, two large drainage-tubes were introduced into the abscess cavity and left there.

The patient progressed favourably; in a month the drainage-tubes were no longer necessary, as the matter escaped freely without artifical aid. By July 10th the discharge was so much reduced that a poroplastic jacket was fitted on over the antiseptic dressings. A fortnight later he was allowed to get up. In August the wound was quite healed, and the patient returned home. He now gains a livelihood for himself and family, to use his own phraseology, "by doing odd jobs."

Another case in which the same plan of treatment was adopted was that of W. E. K——, aged thirty-five, who had a history of back pains of four years' duration, and a distinct angular curvature of one year's existence. Date of admission, Jan. 22nd, 1883. At that time the patient was pale and emaciated, with an exceedingly large antero-posterior curve, involving ten vertebræ, and a psoas abscess pointing below Poupart's ligament. The pain in the back was so great that the man, a chemist by trade, was accustomed to take subcutaneously eight grains of morphia daily. This was reduced gradually to two grains and a half. On Feb. 14th the abscess was opened from behind, and two pints of pus, together with much thick caseous material, were evacuated. The relief to pain by letting out this pent-up matter was very great. For some days the discharge was excessive, but by the beginning of March it had so materially diminished that on the 9th of that month the drainage-tubes were withdrawn. In May it was necessary only to dress the wound once in five days or a week. In June he left the hospital at his own request, the sinus being unhealed, and his urine containing much albumen.

Mr. F. A. Hallsworth, of Atherstone, who attended the case subsequently, has kindly informed me that death took place on September 30th; that a sinus always remained, through which, without any trouble, the drainage was effected. Amyloid degeneration of various viscera hastened the end.

You will naturally ask, Why open psoas abscesses pointing in the thigh above the iliac crest? The following are the advantages claimed for the procedure I have practised in these two cases:—

1. The abscess is tapped, and the pus escapes at the most dependent point it is possible to obtain, and, as the patient lies on his back, the cavity drains itself without trouble or difficulty.

2. When a sinus is thoroughly established, the drainage-tubes may be omitted at an early date, and any accumulation is unlikely to take place.

3. The drain-hole is very near the diseased bone, so that the three or four inches of abscess cavity below this point becomes obliterated almost immediately after the operation. Hence a diminution of secreting surface.

4. The pus escapes from an orifice removed from the genital organs, and the chance of the wound becoming septic is lessened.

5. The antiseptic dressings can be applied and retained in position more readily than if the drain opening is in the thigh. Moreover, the pus will not so easily reach the edge of the dressing, and consequently it will not be necessary to make changes so frequently.

6. From its situation the patient is less likely to interfere with the dressing than if it be applied anteriorly.

The disadvantages of making the incision in the position indicated are that the operation is slightly more difficult, some muscular fibres are severed, and there will be a little more bleeding than if the abscess be opened where it points on the inner side of the thigh; but all of these objections are trifling as compared with the satisfactory drainage. Even if the pus has burrowed beyond the thigh, and has reached the knee or a lower point in the extremity, the incision should still, in the first instance, be made in the back, and the abscess tapped there. Subsequently an opening may also be made where the pus is pointing to allow the escape of the fluid accumulated below the principal draining orifice; this secondary incision will soon heal. The next best position to open a psoas abscess for antiseptic purposes is above Poupart's ligament, by means of an incision, as though about to ligature the external iliac artery. Having reached the transversalis fascia, by pressure below the pus can be made to bulge, or, failing this being accomplished satisfactorily, an opening large enough to admit a probe may be made in the thigh where the abscess is presenting, which when passed up under Poupart's ligament will indicate the whereabouts for the free incision in the deep textures. After the tubes have been inserted the orifice in the thigh closes. The drainage of the abscess in this position is not so good as by the other method; the opening not being so dependent, the tubes must be retained for a longer time, and more difficulty is experienced in getting a free escape of the pus. In one instance in which I operated by this plan upon a woman with a psoas abscess, the result of disease of the sacro-iliac synchondrosis, the fingers of the patient would wander under the dressings in spite of all protestations and threats, and the result was a septic condition of the wound, and eventually death. It was this case that made me recall the method of posterior incision, which, I believe, Mr. Chiene of Edinburgh was the first to advocate.—*Lond. Lancet.*

Mr. Keetly, (*London Lancet*) read a paper before the West London Medico-Chirurgical Society on thirteen cases of herniotomy, in which he stated that, with one exception, the chief indications of practice of antiseptic ovariotomists should be carried out by herniotomists. The exception was the rule that in case of extravasation of blood or other fluid the abdominal cavity should be thoroughly sponged out and rendered aseptic. It was absolutely essential that all septic contamination of the peritoneal cavity should be prevented. He advocated the practice of tying the neck of the sac high up as soon as the strangulated bowel had been reduced. Sometimes this reduction was difficult and slow. Hæmorrhage, meanwhile, is probably taking place into the peritoneal cavity. In such cases he suggested a second incision into the linea alba, into the peritoneal cavity, just above the pubes, merely large enough to admit two fingers, with the help of which the intestine could be pulled back into the abdomen. When the hernia was known to be quite recent, it would be justifiable to attempt to reduce it by this proceeding alone, with no incision over the hernial aperture.

Mr. Lawson Tait, in the *British Medical Journal*, writing of the radical cure of exomphalos, concludes by saying that: "I have an impression that the radical cure of hernia, of other kinds than umbilical, will, bye and bye, be undertaken by abdominal section. I am not sure but that it will be extended to operations for strangulated hernia. A few weeks ago I removed an ovarian tumour from a woman with a femoral hernia, in which intestine was adherent. It was a very easy matter to undo the adhesions, and by means of a handled needle and a silk thread to obliterate the ring in a manner which, I am sure, no operation from the outside could have effected. So much can be done through a two inch incision, that if I should be ever called upon again, (as I very rarely am) to operate on a strangulated femoral hernia, I believe I shall proceed by abdominal section and complete the radical cure of the protrusion at the same time that I relieve the obstruction.

A Death from ether inhalation is reported from Bellevue Hospital. Nearly a pound of ether was administered. No untoward symptoms were exhibited for nearly an hour, when the heart and breathing suddenly ceased; prolonged but unavailing efforts were immediately made to resuscitate the patient. The post-mortem disclosed no organic lesions sufficient to account for the death.

Identification of Upper and Lower Ends of a Piece of Small Intestine.—R. F. Rand, in *Lond. Lancet*, recommends that the mesentery be used as a guide in determining the position of any portion of the small intestine in abdominal operations. The long axis of the intestine is to be held in the long axis of the body, and the mesentery pulled taut. The hand is then passed down to the spine. If the bowel is held in its true position, the hand passed to the right of the intestine will be guided by the mesentery to the right of the spinal column, and to the left will be conducted to the left of the spinal column. If the bowel is inverted, the hand passed to the right will be conducted by the mesentery to the left of the spine and passed to the left will be conducted to the right of the spine. In either case the hand being passed upwards or downwards to identify the mesenteric attachment.

The Treatment of Organic Stricture of the Urethra by Electrolysis.—First, select a good galvanic battery which gives a steady, smooth, gentle, constant, current, of the strength of from five to fifteen volts. The urethral instruments used for the absorption of the stricture are bougies, made of metal and insulated with rubber, except the point, which is a silver bulb olive-shaped.

Having selected the necessary instruments we can proceed with the operation.

The recumbent position is the best. It is more agreeable to the patient and is to be preferred. To the positive pole a sponge electrode is attached, moistened with water and placed in the patient's hand, or laid on the thigh. To the negative pole the insulated electrode bougie must be attached, and the instrument should always be inserted into the stricture before connections to the battery be made, so as to avoid any shock to the patient. The electrodes in position, connections are now made with one or two cells of the galvanic battery, and gradually increased to the desired strength. It is always advisable to begin the operation with a mild current and increase one cell at a time. Mild currents in the majority of cases give the best results. The bougie must be gently guided, no force should be used, and no pain should be inflicted. The electrolysis alone is to do the work. Care must be exercised to keep the bougie in line, so that the point will not deviate and make a false passage.

The operations should be repeated at intervals of from two to four weeks, as experience has taught that too frequent operations at short intervals are unsatisfactory.

Santonine in Gleet.—A writer in the *Lancet* states that he was treating a patient for lumbrici and gave him santonine. The patient returned delighted, saying, "You have not only killed the worms but have cured my gleet." He has since used it with good effects. Five grains each of santonine and sugar of milk to be taken twice daily, fasting.

The Influence of Syphilis upon the Progress of Cancer.—Clinic of Prof. Verneuil, Paris, Sept., 1883.—The reciprocal influences of diatheses are not well known yet, from want of attention being drawn in that direction. That of syphilis upon cancer can, in certain cases, be given with precision, of which the following cases are examples:—A woman, whose antecedents are unknown, was taken with a cancerous tumour of the breast, about a year ago. The progress was at first very slow, but she contracted syphilis, eight months since, which is now in the full period of secondary accidents. On investigating how the syphilis had acted on the cancer, the conviction is reached that it has considerably augmented its progress and its generalization. Indeed, the entire left breast and the axillary ganglia have undergone a cancerous degeneration. The subclavian ganglia form a considerable mass, and reach up to the mastoid apophysis. Considering that the first notion of cancer is of one year only, and that it attained its present development in the last few months; that the invasion of the subclavian ganglia is only exceptional, and then it is considered a formal contra-indication of all operative interference, the conclusion is inevitable, that syphilis was the origin of this abnormal process. This case presents another unusual fact. When cancer is largely developed, and the ganglia are affected, pain is always very great, but in this case, the patient does not suffer any pain at all.—*St. Louis Med. and Surg. Jour.*

Mercury and Iodine in Syphilis.—The iodide, in doses of 15 grains to ʒss, effects a cure in about the same time as the Van Swieten's solution, when given in doses of

gr. ¼, but the preference must be given to the sublimate when administered in large doses, the more so if the hypodermic injection be employed.

Comparison of the action of each with regard to special symptoms. We must find out if this inferiority in the iodide has not some compensation in other respects.

Primary Sore.—If the iodide be given during this stage, the chances are there will be no secondaries. One seems as efficacious as the other.

Syphilides—erosive, papular-erosive, and hypertrophic—of the vulva and anus. Without cutaneous manifestation it is treated by local application of arg. nit., every third day. Internally, iodide or mercury is given.

Syphilides—vulvar and anal; roseola. The hydrargyrum here has a superiority, especially if injected hypodermically.

The more obstinate cutaneous syphilides, papular, squamous, palmar psoriasis, also plantar, and lichen. The superiority still rests with the mercury.

Syphilides, buccal and pharyngeal. Here we find a difference in favour of the iodide. Mercury has even aggravated such cases, and prevented a cure. Such syphilides in the mouth assume a yellowish aspect, become painful, and exhale a fœtid odour, in spite of all local applications; whereas, if the local treatment is accompanied by administration of the iodide, a cure quickly ensues. This is a very important fact to know, and is very generally ignored. Here the iodide takes precedence of any other known mode of treatment.

Manifestations on the larynx.—In these cases we must make a distinction between isolated papules and diffuse and hypertrophic manifestations. In the simple papular eruptions of the larynx, mercury is as efficacious as iodine. It is, however, very different if we have to do with the diffuse appearance of inflammation, perhaps upon the epiglottis, which becomes thickened and implicates the vocal cords, the arytenoid region, etc., to such a degree as to threaten suffocation and asphyxia. Mercury, in such cases, is worse than useless—it is dangerous. The iodide, on the contrary, always gives the best possible results if given in large doses of ʒss, ʒj, and even ʒijss, in the 24 hours.

Insomnia, cephalalgia, diffused pains, osseous pains, arthralgia, myosalgia. Here the mercury and iodine are equally specific.

Ulcerating and secreting cutaneous syphilides very rarely seen, aggravated by mercury. Cured easily by the iodide.

Iritis cured by iodine, and by dropping atropia into the eye.

Visceral syphilides, such as pulmonary disease, with phthisical signs, cured by iodide.

Sometimes it (the iodide) produced a loss of appetite and stomach derangement. There is at times gastralgia. Mercury may produce gastralgia, indistinct pains and diarrhœa. Iodide should be given at a meal, very diluted. The hypodermic obtains the most rapid results, but is attended with difficulties not easily overcome. The iodide can produce intoxication or iodism, consisting of coryza, conjunctivitis, pharyngitis, acne, and other eruptions.

With regard to mercury. With the thirty-one cases treated by peptone mercury, eleven were the subjects of intoxication, such as salivation and loosening of the teeth.

Iodide is easier for administration, and the security far greater. The dangers from iodism are far less than those from salivation.

Contraindications against both drugs: chronic gastric affections contraindicate the use of either, and it is advisable to use hypodermic injections of mercury. The state of the stomach and throat will be a powerful agent in the selection of our medicines, and in all cases where the throat element is prominent we shall do well to choose the iodide. The condition of the skin may contraindicate the use of the iodide, and, where cutaneous eruptions exist, mercury will be preferable, although the iodide has been known to act beneficially in such cases.—*Med. News.*

Treatment of Lupus.—E. Hahn has practised the following treatment for lupus in a considerable number of cases with the best of results. He completely removes the diseased tissue by a process of scraping. When the bleeding has stopped he transplants upon the fresh wound pieces of healthy skin, varying in size from ½ cm. to ¼ cm. square. Under iodoform dressing these pieces are usually united firmly to the wound in from five to eight days. In five cases there has been no return of the disease in a period of one year from the operation.—*Centrbl f. Chir.*

A New Method of Tooth Drawing. — A small square of India-rubber, pierced with a central hole, is pushed over the tooth until the upper part of the root is reached. The rubber gradually contracts, pulls on the root, and the tooth is finally enucleated without causing any pain. Four or five days complete the operation, while very slight bleeding and slight swelling of the gum are the only inconveniences. This procedure is recommended by a dentist of Geneva.—*Med. and Surg. Rep.*

The Local Treatment of Acne Simplex and Rosacea.—In a recent thesis, an abstract of which we find in the *Journal of Cutaneous and Venereal Diseases*, M. Morin says that this can be satisfactorily carried out only by direct action upon the malady at its original seat. The following is the method devised and recommended by the author: He takes a fine darning-needle, having an eye somewhat longer than that of a sewing-needle. Holding this by the point, he introduces it into the affected gland by a rotary movement which causes some of the sebaceous matter to lodge within the eye of the instrument. The latter is withdrawn, cleansed, and re-introduced, and the operation is repeated once or twice until, the gland being emptied, its floor is touched by the needle, when a slight pricking sensation is experienced. The same needle, or another similar one, held in the same way, is then dipped in an alcoholic solution of iodine, of greater or less strength, but never weaker than that of the French pharmacopœia—and is again passed into the gland, charged with a drop of the iodine tincture, which is thus brought into immediate contact with the focus of the disease. After a few minutes a clear liquid, slightly coloured by the iodine, will exude from the gland, sometimes in a drop as large as a tear. This flow will cease within an hour. Twenty-four hours later, in cases of acne simplex, the inflammation, when unaccompanied by suppuration, will have wholly disappeared. If suppuration, however, had existed, it will be found perceptibly diminished, needing only two or three repetitions of the process to effect its entire cessation, followed by a permanent cure. Rosacea, being of a more intractable character, requires the application to be made several times, when results equally favourable will certainly be obtained. The advantages claimed for this mode of treatment over any local measures previously employed are: That it is easily carried out; produces no additional disfigurement; is painless; does not necessitate the seclusion of the patient, and may be relied upon to effect speedy cures even in cases otherwise hopeless.—*N. Y. Med. Jour.*

Salicylated Starch (Kersch):—

Salicylic acid...	20 to 30 grammes
Alcohol	1000
Starch	q. s.

Pulverize the starch and let it fall in small portions into the alcoholic solution of salicylic acid, and shake well. The proportion of solution employed should be greater by a few centimetres than the layer of starch deposited. When the deposit of starch has well formed, decant the alcohol, gather the starch in a close muslin cloth, and dry it, and powder it, and again dry it at 80° C. This salicylated starch may be used as an antiseptic dressing for wounds.—*L'Union Méd.*

The Management of Patients During Capital Operations.—In a paper with the above title (*Boston Medical and Surgical Journal*, October 11th,) *Dr. George W. Gay*, urges that special attention be paid to the following particulars: If shock or collapse be present, put nothing into the stomach, but stimulate and nourish by the skin and rectum. Take extra pains to keep the patient warm by means of heaters, blankets and a rubber sheet. Disturb him as little as possible with examinations, moving, changing of clothes, or dressings, etc. Use the least possible quantity of the anæsthetic, and allow the patient to rally early, depending upon opiates to control subsequent pain and inquietude. Finish the operation as quickly as is compatible with its proper performance.

Get the patient into a warm bed as soon as possible and without any exposure to cold. Preserve the utmost quiet, and avoid doing too much for the patient until fair reaction has taken place.—*Md. Med. Jnl.*

Hyperosmic Acid is recommended (*London Lancet*) for parenchymatous injections in malignant tumours. Two or three drops of a one per cent. aqueous solution are used

for each injection. In the course of a week or more the tumour breaks down. Incisions through the skin are necessary to give exit to the detritus. The acid appears to act slightly, or not at all, upon healthy tissues, and to confine its action to the site of the injection.

Midwifery.

What Becomes of the Varices in Pregnant Women when the Fœtus dies:—M. Gustave Rivet, in *Le Prog. Mèd.*, moved by an observation of M. Budin to the effect that it would be interesting to know if the child having died in a woman with varices of the lower limbs, would these become smaller immediately after the death of the fœtus, its expulsion taking place only some weeks later. The idea would appear plausible from the analogy of the decrease in varices of the external genitals under the same circumstances as pointed out by McClintock. He then relates the case of a woman with varices of the lower limbs. The fœtus died, and the veins began to grow smaller at once, though the fœtus was not delivered until nearly full time. In this case a woman, as in her previous pregnancies, had varices of the lower limbs, increasing progressively as the months went on. At a given moment the fœtus died, as shown by the cessation of spontaneous movements, the appearance of the milk, the diminution and arrest of development of the abdomen; the varices from this moment began to grow smaller. This would appear to be an argument that the physiological element played as important a part in their production as the mechanical. Indeed, we see the fœtal mass as regards its volume and weight remain the same, yet the veins decreased. The compression of the venous trunks, if such exists, persists and yet the circulation does not appear to be shut off. So it would seem that the vitality of the uterus and the modifications of the general circulation which are a consequence of this, play a large part in the production of varices.

Physometra.—Dr. H. C. Yarrow, (*Am. Jour. of Obstet,*) in reporting this case, calls attention to the rarity and the peculiarity of the condition. The patient was a negress, forty-six years of age, who was supposed to be pregnant, and to have gone four months beyond the ordinary time for the termination of that condition. Resonance was obtained over the entire extent of the abdominal tumour upon percussion, and auscultation failed to reveal any indication of pregnancy. The author was called in consultation, and happily diagnosticated the condition as that which is mentioned in the heading. A speculum was introduced into the vagina, and through it a sound was carried into the uterus, traversing the cervical canal and internal os with some difficulty. The result was an immediate collapse of the abdominal tumour, the escaping gas being odorless, and passing out with great force. A lengthy narration of cases covering the literature of the subject follows, and the conclusion reached is that this condition, or tympanites uteri, is due (1) to the presence of some decomposing substance in the uterine cavity; (2) to an impediment to the escape of the gases of decomposition.—*N. Y. Med. Jnl.*

Browne's Operation in Inverted Uterus.—The bowels and bladder having been evacuacted, she was placed under ether, the inverted fundus was drawn outside the vulva with a strong vulsella forceps, the openings of both Fallopian tubes were brought plainly into view, and an incision one inch and a half in length was made through the posterior portion of the uterus (avoiding the Fallopian tubes and larger vessels at the sides of the uterus). Through this incision Sim's large dilator was passed up into the cervix and expanded to the fullest extent; the rigid tissues of the cervix were felt to relax; then, upon withdrawing this dilator, Nos. 2 and 3 of Hank's hard-rubber dilators (three fourths and one inch in diameter) were passed through the cervix. The finger was also passed to feel that there were no adhesions. The incision in the uterus was then sewed up with carbolized silk-worm gut, and, with slight manipulation, the fundus was easily replaced through the now passable constriction.—*N. Y. Med. Jnl.*

Fat Formation in Fibroid Tumours.—In fibroid tumours the expression of countenance, the furrows about the forehead and lines about the eye, called *facies ovariana*, does not exist. There is usually then a brown discolouration of the skin. A

woman with a fibroid tumour has a tendency to become fat, or at any rate she is in pretty good condition and does not emaciate like a case of ovarian tumour. Strange as it may seem, the loss of blood tends to the production of fat, but the fat is of a flabby kind.—*Phil. Med. Times.*

Uterine Milk.—A recent number of the *Zeitschrift für Geburtshülfe und Gynäkologie* contains an article by Dr. G. Von Hoffmann, of Wiesbaden, in support of the doctrine advocated by Ercolani, and to a certain extent by Dr. Braxton Hicks, viz., that the fœtal villi in the placenta do not float naked in the maternal blood, but are surrounded by cells whose function it is to secrete a special fluid serving for the nutrition of the fœtus, and called uterine milk. (*Medical Times and Gazette*). Dr. Von Hoffmann believes that he has been able to extract this fluid from the human placenta. His method is simply this—he takes quite a fresh placenta, which has not been allowed to come in contact with water, and lays it with its maternal side uppermost. A cotyledon, the integrity of which has not been damaged, is then selected, and carefully dried with a sponge or towel, so that no blood adheres to it, and into it a capillary tube is then pressed, so that it may penetrate about one third or half an inch. The tube thus used pushes the villi aside and lies in the inter-villal space. It is important in inserting the instrument to see that no blood-vessels are injured by it, lest blood be effused between the villi. When a capillary tube is employed in this manner it sucks up the fluid from the inter-villal space (*i.e.*, the uterine milk), which can then be collected and examined. Dr. Von. Hoffmann has examined the fluid from about forty placentæ, some at term, others from cases of abortion at different months. Microscopically, he finds in it the following constituents: (1) Red blood-corpuscles of different sizes and depth of color, often, especially in placentæ of the earlier months, with little or no tendency to aggregate into rouleaux. (2) White corpuscles. (3) The chief structures contained are what the author calls "uterine milk gobules," peculiar clear, round globules having a very thin, feebly refracting wall, on the average about as large as white corpuscles, but varying from a tenth of, to twice their size. These bodies precisely resemble those seen in "uterine milk" obtained from the placenta of the cow. (4). Clear watery intercellular fluid. The above-described "uterine milk globules" are present in such numbers that Dr. Von Hoffmann calculates that each cubic millimeter of the fluid contains one hundred and eighty thousand to two hundred thousand of them. (5) There are also found free decidual cells and pigmentary molecules, granules, and flakes of different shapes and sizes, which our author regards as the products of the disintegration of red blood-corpuscles. Fluid such as this, Dr. Von Hoffmann states, can be extracted from every healthy placenta; if it is wanting, the placenta is not healthy. He believes, moreover, that he has traced the mode of formation of these "uterine milk globules" from decidual cells, and the production of the large decidual cells from the many nucleated "giant cells" of the decidua.

Dr. Von Hoffmann's views as to the physiology of fœtal nutrition are summed up in the following propositions: (1) The general office of the decidua, both in animals and in man, is to supply the fœtus during its intra-uterine life with a part of the nutritive material necessary for its growth. To fulfil this function the decidua serotina becomes a special milk-secreting organ, which, after the birth of the child, is expelled with and as an integral part of the placenta. (2) The secretion of this organ, the so-called uterine milk, is separated into gradually formed spaces, in which lie the placental tufts. Here the uterine milk is mixed with maternal blood, which is at the same time extravasated, and together with it forms the material for nutrition of the fœtus, this material being only suited for absorption by the placental villi when these changes have taken place. (3) From the point of view of the comparative anatomist, it can no longer be maintained that there is any essential difference in this respect between the placenta of man and the lower animals. Dr. Von Hoffmann promises a further communication, in which he will elucidate the mode in which this uterine milk is absorbed by the placental tufts.—*Louis. Med News.*

Corrosive Sublimate in Obstetrics, by Toporski.—In the gynæcological clinic of Breslau, the sublimate has entirely displaced carbolic acid. A package of 12 grms. of

the sublimate is dissolved in a small quantity of *hot* water or alcohol, and then poured into a vase holding 12 litres of water, so that a .01 per cent. solution is obtained. The obstetrician washes his hands with it, and the genitals are irrigated with it. The result was (1) that convalescence was quicker; (2) mortality was less; (3) the duration of any incidental disease shorter. He advises always to substitute a 1 per cent. sublimate for the .05 per cent. carbolic acid solution in midwifery.

Also in Schrœder's Clinic in Berlin, the sublimate is used as a disinfectant; it is the systematic prophylactic in puerperal fever; 1/2 per cent. solution of sublimate is now used, as was formerly a .05 per cent. of carbolic acid. It is more convenient for transportation and not objected to by patients on account of odour. Injections of the sublimate, in the induction of premature labour, has proven of great value.—*St. Louis Med. and Surg. Jnl.—Col. für Gynæcologic.*

New Diagnostic Symptom of Pregnancy.—Prof. Osterloh, in a lecture before the Society für Natur-and Heilkunde in Dresden, stated that the earliest, never-failing symptom of pregnancy is the *vaginal pulse.* It is found to the right, left and in the middle of the cervix. In healthy non-pregnant women, it can be felt, when in a state of orgasm, but then all other symptoms of pregnancy are wanting. The lecturer never found the vaginal pulse wanting in pregnancy. Dr. Greuser confirmed the statement, as being the result of his own experience.—*St. Louis Med. and Surg. Jour.*

The Treatment of Pelvic Cellulitis following Parturition.—Dr. W. M. Graily Hewitt thus concludes an article in the *Med. Press,* November 21, 1883:—

A few words with respect to the treatment: A remarkable feature in these cases is their tendency to chronicity. They are always tedious and difficult to cure, and the cure depends more on attention to diet than on any other element of the treatment. Rest, of course, is an essential; but the nutrition requires careful consideration. With regard to the subject of food: Deficiency of food may predispose to cellulitis in a patient in whom other factors in its cause may be present; or it may render an already existing case of cellulitis less amenable to treatment. In the case before us the quantity of food taken was perhaps only one-third of the total amount required by the healthy subject. This created a weakness which showed itself in various ways. Under these circumstances there is great indisposition to take food, and if only three stated meals a day are provided, a very small amount is taken; the patient becomes exhausted in the intervals, and when meal-time comes is not able to take nourishment. Hence the quantity taken is not enough to induce activity in the nutrition process, but only enough to keep up a condition of *statu quo.* To stimulate nutrition, articles capable of ready assimilation must be selected—Brand's essence, beef tea, milk, etc., with a fair amount of stimulant in the shape of brandy, and this must be given very frequently, every hour or so. Under this treatment the appetite will rapidly improve, and in a week or so, in all probability, solid food will be taken with zest. As subsidiary treatment, poultices may be applied to the abdomen to relieve pain and assist resolution, and if the former is very severe a little opium is indicated. The bowels should be daily opened by the administration of a mild laxative. Some medicine, in the shape of dilute nitro-muriatic acid with a little tincture of orange, is often useful as a stomachic and tonic; and later on iron and quinine may be given with advantage.—*Med. and Surg. Rep.*

Arrest of Threatened Mammary Abscess.—James Braithwaite in the *Lancet* writes that in case of threatened mammary abscess three consecutive doses of ten grains each of quinine at intervals of twelve hours, along with local application of belladonna has given him very successful results. He has frequently seen the pain and tenderness disappear within forty-eight hours. The inflammatory symptoms may recur but are again easily checked in the same manner.

Breach of Promise.—A jury in Mercer County, Ohio, recently gave the plaintiff in a breach of promise case $3,000 damages, the defendant claiming that he had broken off the engagement because a fibrous polypous tumour had developed in her uterus. The plaintiff alleged that the tumour was produced by and resulted from protracted courtship, causing her to brood upon her prospective entry into married life.—*College and Clinical Record.*

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, FEBRUARY, 1884.

FREEDOM OF SPEECH IN THE MEDICAL COUNCIL.

Mr. Justice Rose's recent ruling at the last Assizes in the case of *Lennox* v. *McCammon*, is one of interest and importance to the profession, as confirming the very reasonable view that remarks made in the discussion of professional topics at the Medical Council are in their very nature and essence privileged. Were it otherwise, free discussion in that body would be at an end, and its utility and *raison d'etre* destroyed. With the dread of an action for slander, hanging like the sword of Damocles over the speaker's head, there would be little chance of an honest expression of opinion as to the existence of an iniquity, or the means adapted for its remedy. Our readers will remember that at the last meeting of the Medical Council some discussion arose as to the means of reaching those charlatans, so numerous in our country, who succeeded in evading the righteous penalties of the law, by securing the services of registered medical practitioners in foisting their infamous impostures upon a very gullible and confiding public; and the opinion was expressed that it was useless to endeavour to cope with these unless power were conferred by Parliament upon the Medical Council to confiscate the permit to practise, conferred upon those who could be thus shamefully suborned to prostitute the sacred privileges of their high calling to the mercenary rapacity of ignorant and unscrupulous adventurers. Out of this arose some litigation in which one Levi Lennox, residing in Toronto, sued Dr. McCammon, of Kingston, and Dr. Bray, of Chatham, on separate statements, for $10,000 apiece damages for slander, claiming that the remarks of these gentlemen complained of by him were applicable to him as the proprietor of the International Throat and Lung Institute in Toronto, and Souvielle's Spirometer. A very fair and full report of the trial appeared in the *Mail* of Thursday, January 10th, to which our readers are referred for a more particular account than our space will admit of. It was, of course, apparent that the machinery of justice had been set in motion by the plaintiff in order that he might gain a cheap advertisement and notoriety through the trial, and might perchance pose before a certain morbidly sympathetic portion of the community in the light of a martyr. All of these objects were, however, happily and signally frustrated by the able and skilful handling of this witness by Christopher Robinson, Q. C., senior counsel for the defence, who proved by Lennox's own mouth that the advertisements of Souvielle's Spirometer were a tissue of lies, and the statements made concerning his Throat and Lung Institute fabrications out of the same material. During the trial a knowledge of the statement of Souvielle having fraudulently attempted to procure the degree of the University of Erlangen by a stolen thesis was admitted by the plaintiff.

The plaintiff could only name five practitioners in Ontario, who approved of or used his so-called Spirometer. The majority of these have since publicly repudiated the insinuation. Had the statement not been made in the witness box, we believe they would have a good cause of action for slander.

His Lordship ruled that the words of the charge were proven; that the occasion was a privileged one, and that the fact that a

reporter was present was some evidence of malice. Counsel on both sides took exception to this ruling, but they agreed that a verdict for the defendant should be entered subject to the determination of the points of law in the Court above. The action against Dr. Bray was by consent withdrawn, pending the issue of that against Dr. McCammon. In England the Medical Council has power, and sometimes exercises it, to remove a man's name from the medical register "for conduct infamous in a professional respect." Nothing could be more infamous in a professional respect than the disgusting spectacle we in this country are daily called upon to witness of duly registered, and therefore presumably qualified, practitioners hiring out their persons and diplomas to promote the nefarious ends, and cloak the vulnerable insufficiency of stationary or itinerant charlatans, and we doubt not that the Profession of this Province will not rest satisfied until the Legislature shall have conferred upon the representatives of the Profession the power and authority to purge its roll of those who not only thus disgrace themselves (a small matter), but likewise fill with shame and indignation an upright and honourable professional corporation. The costs of this trial, which may be incurred by the defendant, should be assumed by the Profession, and as it involves, and probably will vindicate the rights of the Medical Council in the matter of freedom of speech, it might perhaps be only a graceful act on its part to become responsible for the expense. At all events no personal loss should be sustained by the defendant in the interests of the Profession.

THE *Canada Medical and Surgical Journal* of Montreal, in an editorial on the "University question," speaks as follows:

"The above remarks have been suggested by the active discussion which is taking place in Ontario about additional endowment to the Provincial University. That it is needed everybody admits, and that it should be granted by the State every one will concede, unless affected with denominational myopia. Private benefaction has done much, or rather everything for University extension in this Province, and the bequests in favour of the Sectarian Colleges in Ontario have been large. But unless the liberality of individuals is manifested in the manner of the late Mr. Johns Hopkins, of Baltimore, we shall have to wait long for a *fully equipped* Canadian University. The Government of Ontario, however, has now the opportunity to put Toronto University on a proper basis, and do a great work for the intellectual life of this country. And it can consistently do so, as the Institution is a State foundation, and is under State control, and the condition of the Local Exchequer is plethoric."

SUMMER SESSIONS.

The Toronto School of Medicine gave notice in their annual announcement, 83-84, of the fact that they would hold a second Summer Session this year, commencing April 28th. We understand that every effort will be made to give even a more complete course than that of last year. In addition to the names which appear in the published time-table, Dr. Barrett will give the lectures on experimental Physiology, and Dr. W. Beaumont Aikins will conduct the demonstrations in pathological and normal histology.

Arrangements have also been recently made in the Trinity Medical School for a Summer Session and the lecturers of the two Schools will give a joint course of clinical instructions which the registered summer students from both institutions will be entitled to receive.

THE HUMBER DISASTER.

It is almost beyond our province to take cognisance of accidents such as lately occurred in the vicinity of the Humber, and entailed such suffering and loss upon-

so many of our fellow creatures. The magnitude of the accident placed it far beyond the ordinary means of relief as contained in the surgical boxes supplied to train conductors upon well equipped railways, even if the Grand Trunk were numbered amongst such.

Since the transfer to the Grand Trunk of the Great Western Railway, the former has been endeavouring to utilize its purchase as a double track; all through freight to the west proceeding along the original Grand Trunk Railway line, and all through freight for the east, and the empties returning by the Great Western Railway. This probably explains how the unfortunate conductor or some of his subordinates were making their first trip upon this portion of the road, and were unfamiliar with the schedule of trains and with the topography of the road. This, doubtless, in part accounts for the forgetfulness which resulted in the appalling disaster.

The accident occurred at 6.30 a.m., three or four miles out of the city. The news was soon telephoned to the Hospital, and immediate and extraordinary preparations were made by the energetic Superintendent, Dr. O'Reilly, to receive the wounded.

By the time the sufferers began to arrive which was nearly three hours after the first information was received, all things were in readiness to receive the patients and to institute means for their speedy treatment and relief. The staff of attendant physicians, skilful clinical assistants and the body of trained nurses were all in place, and such means as were calculated to relieve the sufferers were promptly applied. Not the least harrowing part of the experience of that fateful morning, was that of attending to the heart-broken, grief-stricken friends, mothers, wives, and sisters, eagerly seeking information of the lost or wounded.

It is a matter for gloomy satisfaction that our hospital in this great and sudden call upon its capabilities was not found wanting, but owing to the resistless zeal and masterly management of the Superintendent, fully met every demand and proved equal to the pressing emergency of the hour.

TORONTO UNIVERSITY BANQUET.

The University Banquet, which will be held in the Pavilion of the Horticultural Gardens, February 15th, will probably be unusually brilliant in its character. Great enthusiasm is being manifested in the undertaking by both graduates and undergraduates, and it is expected that five or six hundred will be present. The alumni throughout the country will attend in large numbers, and we hope a good proportion of Medical graduates will be found among them. The tickets will be two dollars each, and the committee have decided to follow the good example shown by the Medical students, and conduct it strictly on temperance principles.

THE London Hospital (*Lancet*) is again about to attempt a reform in the administration of its out-patient department. Their efforts are to be directed to the elimination of such cases as are able to pay a physician, and of those who are in receipt of parish relief. To lessen the number of those under treatment, and to require a ticket for admission to the special departments. The passports to treatment are to be, the medical fitness of the case as certified to by the admitting physician, and the social fitness of the applicant certified to after investigation by a commissioner appointed for that purpose.

THE *North-Western Lancet*, (January, 1884) contains a most remarkable account of a Homœopathic *post-mortem*. The pathological knowledge displayed was infinitesimal, while the assurance in drawing conclusions and giving their evidence before the coroner's jury was hugely allopathic. Three Homœopathic physicians were called in by the husband (unknown to

Dr. Millard, the woman's attendant) to make a *post-mortem* examination upon his wife, who died of puerperal fever and mania. The examination occupied five hours, the brain, heart, and uterus were taken away by the examiners and the woman was buried. The husband then demanded of the coroner an investigation. Dr. Millard seven hours after the woman's burial, hearing of this clandestine *post-mortem*, also demanded an investigation. The body was therefore exhumed and a second *post-mortem* made, revealing signs of peritonitis, metritis, nephritis and meningitis. The jury in less than one minute gave a verdict to the effect, that the woman died of puerperal fever and mania, and that the morphia which had been administered previous to her death by Dr. Millard in no way precipitated that event.

Thus the evil intentions of the Homœopaths collapsed most signally, and the grave injury designed against Dr. Millard was prevented.

A Musical and Literary Entertainment was given by the Toronto School of Medicine Medical Society on Friday evening, January 18th, with Dr. McFarlane in the chair. The large lecture-room was well filled by the students and their friends, including a large number of ladies.

In a suit for $25,000 instituted against Dr. Crosby Gray, Health Officer for Pittsburgh, because against her father's wishes he had removed a girl suffering with smallpox to the pest house, decision was given in favour of Dr. Gray.

The New York Post-Graduate Medical School, compelled by its increasing requirements, is for the second time seeking more commodious quarters. The new building affords excellent facilities for a hospital in connection with the school, and will be opened this month. The new catalogue just out gives a list of 140 matriculates for the year.

The Worshipful Company of Grocers of London offer a prize of £1000 for original research in sanitary science. The prize is given every four years, and is open to British and Foreign competition.

The question proposed this year is to discover a method of cultivating the vaccine contagion, apart from the animal body in such a way that it can be indefinitely cultivated, and remain of standard potency. All communications on the subject are to be addressed to the Clerk of the Grocer's Company, Grocer's Hall, London, E.C.

T. D. Crothers, M.D., Secretary of a committee of the American Association for the Cure of Inebriates has addressed to the medical profession a series of questions bearing upon the etiology, pathology, and treatment of inebriates, in order that a more accurate knowledge of the nature and ch aracter of that disease may be obtained The result of these inquiries will be published. Collective investigation appears to be the proper means now-a-days of studying disease, and we sincerely desire that Dr. Crothers' inquest will prove satisfactory, and that the results of his labours will be soon published and throw a flood of light upon this distressing concomitant of civilization.

Annals of Anatomy and Surgery.—We regret very much to receive the announcement that owing to the departure of Dr. Pilcher, senior editor, and the projected absence of his colleague, Dr. Fowler, in Europe the publication of this most excellent journal is to be for a time suspended. Since its commencement the "Annals" has always been one of our most interesting and instructive visitors, and moreover its neat and elegant appearance from its very superior paper and admirable typography made it an ornament to the table. We wish its editor, *propter utilitatem*, a pleasant voyage and safe return, and for their readers a speedy resumption of their editorial labours.

THE ANATOMY ACT.

We print with this number on page 63 the Quebec Anatomy Act. The great point of difference as compared with the Ontario Act is in regard to the persons claiming the body of a defunct pauper. The Ontario Act requires only that they shall claim to be *bonâ-fide* friends leaving a loop-hole of which frequent advantage is taken by people of all classes to defeat the aims of the Act and to defraud the Medical Schools of material necessary for their proper course of instruction. The Quebec Act defines the degree of consanguinity which must be sworn to by the claimant of the body. The Act is well guarded by pains and penalties against its unlawful infringement, and since we must have dissecting rooms, it is better that they should be supplied legitimately than that the vaults and depositories of the dead should be clandestinely deprived of their occupants.

Now that the Legislature is in Session, it is opportune to bring this to the notice of the profession in order that the law may be made more explicit upon this point; and, if necessary the punishment be rendered more severe for infractions of the Act.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

December 6th, 1883.

The President, Dr. Graham, in the chair. The minutes were read, corrected and approved.

Dr. Carson then spoke on the Treatment of Abortion. He said that when called to a case the first question to be asked was what have we to fear? and the second, what have we to do? In answer to the first he would say that we have to fear (*a*) septicæmia and (*b*) hæmorrhage. As to septicæmia, with the use of proper precautions there need be little fear of it. The walls of the vagina being in close apposition constantly, it is the duty of the attendant to preserve this state as long as possible. The introduction of the hand, even though antiseptics be used, is never free from danger. When called to a case, unless it is urgent, he never makes a vaginal examination. If there is much loss he prescribes ergot and iron every hour. He has never known the use of ergot to produce placental retention. As to practical results, Dr. Mundé recommends in all cases the immediate emptying of the uterus; he gives a record of fifty-seven cases. In a much larger number, probably two hundred cases, Dr. Carson has never had a retained placenta, he has never had to plug, and has only lost one patient, and that was a case of typhus fever, which aborted on the day of death. In conclusion he strongly objected to the practice, based on theoretical grounds, advocated by Dr. Mundé, viz., to empty the uterus by hand, or by instrumental interference in *every* case.

The President called on Dr. Temple to open the discussion on the paper.

Dr. Temple expressed his surprise that in Dr. Carson's large experience he had never found it necessary to plug. His own practice was to plug the cervix when undilated so as to prevent hæmorrhage. The iron and ergot treatment recommended by Dr. Carson is not used by Dr. Temple, he uses ergot alone after the insertion of the tent. He decidedly disapproves of the indiscriminate use of the curette. The placental forceps are inapplicable unless the placenta was loose. He had tried the fluid extract of viscus album in place of ergot and could speak favourably of it.

Dr. George Wright considered it possible for septicæmia to occur without manual interference. He had frequently made use of the iron and ergot with benefit.

The President inquired of Dr. Carson what would be his procedure when not called to a case until a day or two after miscarriage; if he suspected that a portion of the placenta was retained, would he then dilate and examine or would he leave the case to nature?

Dr. J. F. W. Ross gave two instances in which portions of the placenta after having been retained for days, were removed. In such cases as the President referred to he would be guided by the temperature, if that was seriously elevated he would dilate and examine—if it was normal, interference would be injudicious.

Dr. Davidson mentioned a case in which a portion of the placenta was supposed to be retained. A consultation was called and it was decided to wait. In this case the uterus was very tender which was a reason for non-interference. The patient did well.

Dr. Temple believed a congested uterus as evidenced by tenderness was a good reason for examining. He would remove a degenerated placenta at once, in every case.

Dr. McPhedran remarked that ergot produces contraction and lessening of the calibre of the uterine vessels. Dr. Carson's ergot must have been better than that supplied by the average dealer now.

Dr. Carson in reply said that in cases which had been under his observation from the very first, he had never found it necessary to plug: but in some cases in which he had been called in consultation and those were not included in his remarks based upon the 200 or more cases, he had at times been very glad to make use of any means, plugging, etc., to control the hæmorrhage. He had never examined a patient unless driven to do so. In regard to a retained placenta, he had always succeeded in removing it by his iron and ergot continued for two or three days, he would not however leave these cases to nature and medicine indefinitely.

Dr. J. F. W. Ross exhibited a patient with the following history. D., female, æt. 7. Family history good, except that during her pregnancy her mother had some mental derangement. The child was born without skilled assistance. The labour was lingering, and the child was with difficulty resuscitated, the head being delayed in its passage, the presentation was of the breach. At ten months the knees seemed stiff, and could not be straightened out. The left was a little the stiffer. At the age of three a tumour was noted in that limb. She had never tried to walk. The first fit now occurred, apoplectic in character. Nine months afterwards the second fit occurred, and several others followed in rapid succession. She spoke but few words till between five and six years of age.

Present Condition.—Her countenance is heavy and vacant, intelligence impaired. Pupils equal, optic discs normal, senses mostly good; speech slow and lisping; sensation normal. As to motion the arms seem stiff, the feet are extended, the legs flexed and the thighs adducted so as to cross each other. No muscular atrophy. Tendon reflexes exaggerated. Rhythmical tremors come on after exertion. No incoordination, no paralysis of sphincters. Since the patient has been in the Children's Hospital, she has improved, can crawl, move her limbs and talk better. Has had one severe convulsion during which the tongue was injured.

The diagnosis was arrived at by exclusion, it was considered to be a case of disseminated sclerosis in a child.

Dr. Graham read notes of two peculiar cases of epilepsy. The first a female, æt. 12, was first noticed to be epileptic two years ago, about one year ago the attacks changed in character, frequent spasms being noticed in the right leg. If those spasms were severe, they would end in a general epileptiform convulsion. She also occasionally had general convulsions of the body without previous spasm of the leg. The first of these types, the local epilepsy of the leg was the most frequent, the other being infrequent. The leg is always rigid during the spasms. (The patient was exhibited at the last meeting of the Society, two of these local spasmodic attacks occurred then).

The president also read notes of two remarkable cases related to him by Dr. McAlpine. Two brothers the younger æt. 60, the older 62, had epilepsy of long standing; they both dislocated the left shoulder during a fit within one week of each other. The dislocations were readily reduced.

Dr. Nevitt showed a well-marked specimen of granular kidney from a man æt. 79, who had been living in great misery, he suffered from chronic bronchitis and emphysema. His appetite at first poor, increased enormously and with the large ingestion of food vomiting, which nothing could control, supervened. He had distressing orthopnæa and continuous headache.

The microscopical committee reported on the finger which had been committed to them for examination, that they could find no distinct evidence of malignant disease, only the results of inflammatory action. A fine specimen of sarcoptes catti was shown under the microscope.

The meeting then adjourned.

Book Notices.

Transactions of the Minnesota State Medical Society, 1883.

New York Post-Graduate Medical School. Announcement of the second year, 1883-'84.

Announcement of the World's Exposition and Cotton Centennial, New Orleans, La., Ed. Burke, Director-General.

Health Bulletins, Mortuary and Meteorological Reports of Lansing. Michigan State Board of Health, H. B. Baker, Sec.

Abstract of the Proceedings of the Michigan State Board of Health at its Quarterly Meeting, January 8th, 1884. Henry B. Baker, M.D., Sec'y.

Archives of Pædiatrics. Wm. Perry Watson, M.D., Jersey City, Editor.

The first number of this new monthly journal appears with some interesting original matter, good selections and abstracts. It is devoted entirely to the practice of medicine amongst infants and children. We welcome it to our exchange list.

Food and Drink for Invalids, A. W. Nicholson, M.D., Lansing, Mich.

A Leaflet, to save the busy practitioner the discussion of boil, broil and stew—sugar, salt or spice with the nurse. Each leaflet contains a number of apparently toothsome recipes. Those that are deemed suitable to the case may be marked and left with the nurse. The leaflets are printed for the sum of $1.00 per 100.

Report on the Necessity of Preserving and Replanting Forests. Compiled at the instance of the Government of Ontario, by R. W. Phipps, Toronto, 1883.

Mr. Phipps, in an exhaustive report on Forestry in Ontario, amply justifies his selection by the Ontario Government as one well adapted by reading and experience to deal with a subject that is becoming of constantly increasing importance to this Province. The scientific aspects of forestry, the nature of vegetable life, its relations to climate, and hygienic conditions affecting human life and civilization are ably discussed in a scientific and literary spirit.

A Catalogue of Medical and Surgical Books, Periodicals and Transactions, etc., No. 16, November, 1883. Robert Clarke & Co , 61, 63 and 65, West Fourth Street, Cincinnati, O.

This catalogue contains the titles of some old and rare works. The publishers will be pleased to send a copy to any address upon application.

U. E. Loyalist Centennial Circular to Editors, etc.

In order to celebrate the Centennial Anniversary of the founding of the Province of Upper Canada, the committee has called a general meeting of all in the Province who are interested in the subject, to be held in the City Hall, Toronto, on the evening of February 19th, in order to organize and prepare for a worthy celebration.

Minutes of the Twenty-third Annual Convention of the Ontario Teachers' Association, Toronto, August 14th, 15th, and 16th, 1883.

Amongst a number of papers interesting to Teachers especially, there is one by Dr. Oldrighton "School Hygiene," which merits a careful perusal and deserves a wider circulation than it is likely to receive, shut up in a volume of printed minutes. It is short, yet comprehensive, and deals in a practical manner with the exigencies of the subject.

Fat and Blood.—An Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria. By S. Weir Mitchell, M. D., 3rd edition, revised, with additions. Philadelphia: J. B. Lippincott & Co., 1884.

We hope that the majority of our readers are already familiar with Dr. Mitchell's work on "Fat and Blood, and How to Make Them." The present volume contains the substance of the former along with some valuable additions especially on the treatment of obesity, and the use of milk as a diet, and its effects on the excretions. Chapter two on "Gain or Loss of Weight Clinically Considered," is a very interesting and important one. It is followed by one equally instructive on the "Selection of Cases for Treatment," and then come in succession sections devoted to the individual elements of this special plan of treatment: Seclusion, rest, massage, electricity, diet and therapeutics. The author's great fame is sufficient of itself to command for all his utterances the respectful attention of the world; but, in the present instance, we have in addition the corroborative testimony of Dr. W. S. Playfair and Graily Hewitt, of London, as to the undoubted value of this plan of treatment in those cases of inveterate neurasthenia and hysteria, which every practitioner meets with at least once in a lifetime.

A Manual of Practical Hygiene, by Edmund A. Parkes, M.D., F.R.S. Edited by F. S. B. François De Chaumont, M.D., F.R.S. Sixth edition, with an Appendix, giving the American Practice in Matters Relating to Hygiene, prepared under the supervision of Frederick N. Owen, civil and sanitary Engineer. Volume I. New York: Wm. Wood & Co., 56 and 58 Lafayette Place, 1883.

This constitutes the September number of Wood's Library of Standard Medical Works. It is another evidence of the sound judgment exercised in the choice of the works published in this series. "Parkes' Hygiene" is the standard work upon the subject, and we wonder that it has heretofore escaped the usual fate of the best English works. It loses nothing by its translation, and its division into two volumes is a gain to the reading community. The illustrations are very fair reproductions of the originals. They are possibly not quite so clear, but the difference is not marked. The additions by the American editor do not appear in the first Volume, and it remains to be seen if there is an essentially American practice in matters relating to Hygiene. The contents of Volume I. comprise the discussion of the subjects, water, air, food and soils. We welcome the book to our library table. It is undoubtedly the great standard work on Hygiene in the English language. The subscribers to Wood's Library cannot be sufficiently grateful to the enterprising publishers who have afforded them an opportunity for obtaining this work on such advantageous terms.

The Pathology and Treatment of Venereal Diseases, by Freeman J. Bumstead, M.D., LL.D., and Robert W. Taylor, A.M., M.D. Fifth Edition. Revised and Rewritten, with many additions by Dr. Taylor. With 139 woodcuts, and thirteen chromo-lithographic figures. Philadelphia: Henry C. Lea's Son & Co., 1883.

America lost her pioneer and greatest Syphilographist when Dr. Bumstead died. Of him it may be truly said "*Exegi monumentum ære perennius*," and it assumed the form of the work before us—the completest and best text book on the subject in the English language, Dr. Taylor, the present President of the American Dermatological Association, became associated with Dr. Bumstead in the preparation of the Fourth Edition, and on him alone Death has devolved the duty of issuing the Fifth Edition and keeping its subject-matter *au courant* with the times. The progress of our knowledge has rendered this task no sinecure, but we think he would indeed be a captious critic who was disposed to cavil at the manner of its accomplishment. Apart from the many and valuable contributions of our authors to the elucidation, cure and prevention of the Venereal Diseases, it will be observed with surprise and satisfaction to how great an extent the writings of authors in all languages have been laid under contribution in the compilation of this edition, rendering it the fullest and best exposition of the subject now extant. Our space will permit of nothing more than a general commendation of the great excellence of the work and we shall single out but one therapeutical point for mention, viz.: the author's high laudation of the very notable adjuvant utility of Erythroxylon Coca in the treatment of Syphilis.

Personal.

Prof. Ercolani, the Italian scientist, died Nov. 16 1883.

John Eliot Howard, the eminent quinologist, died æt. 76.

Dr. W. Cuthbertson (Toronto, '83)) has located in Whitby.

Dr. W. J. Robinson (Toronto, '83) is practising at Niagara Falls.

Dr. T. S. Kirkbride, aet. 74, the celebrated alienist, died December 16, 1883.

Mr. Bowman and Mr. Lister are the latest recipients of the honours of Baronetcies.

M. Charcot succeeds to the place of Baron Cloquet in the Paris Academy of Science.

M. Pajot succeeds the late M. Depaul as Professor of Obstetrics of the Paris Faculty.

Dr. Holmes, of Brussels, was elected Treasurer for the County of Huron, January 23rd.

Dr. Beaumont Small has been elected President of the "Ottawa Field Naturalists' Club."

Hugh Powell, the maker of the first achromatic object-glass in England, is dead, æt. 84.

Dr. Seguin, of New York, has resumed practice, and the editorship of the *Archives of Medicine*.

Dr. Robert Murray, senior medical officer, succeeds the late Dr. Crane, as Surgeon-General, U. S. A.

Dr. Wm. H. Coggeshall has become half owner and Associate Editor of the *Virginia Medical Monthly*.

Dr. Rodger, of Montreal, Surgeon-in-Chief of the Grand Trunk Railway, was in Toronto after the recent Humber disaster.

Dr. Ross, Governor of the Quebec College of Physicians and Surgeons, has been called to the Premiership of the Province of Quebec.

Prof. Owen, F.R.S., has resigned his appointment as Superintendent of the Natural History Department of the British Museum, owing to failing health.

Dr. Damaschino, *agrégé*, has been appointed Professor of Medical Pathology at the Paris Faculty of Medicine in place of Dr. Jaccoud, promoted to clinical medicine.

Dr. James Bell vacates his position as Medical Superintendent of the Montreal General Hospital. He will not leave until May. His successor has not yet been appointed.

Dr. Louis Poncet, the alienist, died in the 79th year of his age. His principal published work being on "Intermittent Insanity—Mild and furious madness Compared."

Dr. Chas. Hilton Fagge died on Sunday, Nov 18, 1883, at the early age of 43, of aortic aneurysm. He was a distinguished graduate of London University and had already made a name for himself.

Holloway, of pill and ointment renown, died at the age of 84. He is said to have spent over a million of money on the Institution for the Insane at Virginia Water and the College for Women on Egham-hill.

Royal College of Surgeons of England.—Messrs. W. G. Anglin and G. H. Denike, of the Kingston School, and E. M. Hewish, of the Toronto School, passed the primary examination for membership on the 7th Jan.

Dr. John Reddy, of Montreal, died in Dublin, January 22nd. He was born in Ireland, studied and graduated in Dublin. Soon after graduating he came to Canada and practised in Montreal many years, being well and favourably known. His son, Dr. Herbert L. Reddy has been practising in Montreal about 5 years.

Professor Playfair McMurrich, brother of W. B. McMurrich, former Mayor of Toronto, and an ex-student of Prof. Ramsay Wright, of University College, Toronto, has written a paper on "The Osteology and Development of Syngnathus," which appeared in the *Quarterly Journal of Microscopical Science* of London, England.

Dr. Milton Cotton has commenced practice in Lambton Mills, where the late Dr. Beatty resided. After the death of Dr. Beatty, a large and influential meeting was held in the village, at which an unanimous wish was expressed that Dr. Cotton, of Burnhamthorpe, should locate there; and a deputation was appointed to wait on the Dr. and ask him to accept the position thus made vacant. Such action is rather unusual in Canada, and we offer our congratulations to Dr. Cotton on his acceptance of the offer, and wish him the success which he well deserves.

Miscellaneous.

If gelatine be suspended in ordinary alcohol it will absorb the water and leave nearly absolute alcohol behind.—*Med. World.*

The *calix* of the kidney was so called from its cup-like shape, from "kulix,-ikos," a cup. The *calyx* of a flower is from "kalux,-ukos"—a bud.

Jonathan Hutchinson gravely states that the term podagra "implies simply acute gouty inflammation of the great toe, and by no means comprises gout *in toto*." O John! John!

Origin of the Word Charlatan.—It is generally admitted (*Le Prog. Méd.*) that the word *charlatan* comes from the Italian *ciarlare*, to chatter, to babble. It appeared about the 16th or 17th century. It was pronounced *chiarlatan*. A German Journal gives another etymology. A physician of Paris, named *Latan*, went about the city on a cart (*char*) containing his medicines, and upon which he examined his patients. This mode of practice gave him some renown. "There goes the *char de Latan*," people said; whence the word *charlatan*.

OLD SHOES.

How much a man is like old shoes!
For instance: both a soul may lose;
Both have been tanned; both are made tight
By cobblers; both get left and right;
Both need a mate to be complete,
And both are made to go on feet.
They both need healing, oft are sold,
And both in time all turn to mold.
With shoes the last is first; with men
The first shall be the last; and when
The shoes wear out they're mended new:
When men wear out they're men-dead, too.
They both are trod upon, and both
Will tread on others, nothing loath.
Both have their ties, and both incline
When polished in the world to shine:
And both peg out—and would you choose
To be a man or be his shoes?

Pitts. Med. Jnl.

ANATOMY ACT.—QUEBEC, 1883.

1. For the purposes of this Act, the Province of Quebec shall be divided into two sections, which shall be known as "The Quebec Section," and "The Montreal Section;" which sections shall respectively comprise such judicial districts as the Lieutenant Governor in council may be pleased to specify.

It shall be lawful for the Lieutenant Governor in Council to appoint, during pleasure, an Inspector of anatomy, for each of such sections, and a Sub-Inspector of anatomy for each judicial district, except for those of Quebec and Montreal, in which the office shall be filled by the Inspector of anatomy; but the Inspectors, so appointed, shall not be connected in any manner with any University or School of Medicine.

2. The body of every person, found dead and publicly exposed, or of any person who, immediately before his death, was supported by some public institution, receiving a grant from the provincial government, shall, through the Inspector or Sub-Inspector of anatomy, be delivered to the universities or schools of medicine in this Province, to be used in the study of anatomy and surgery, unless such body be, within

twenty-four hours after death, claimed by persons, solemnly affirming, before the Inspector or Sub-Inspector of anatomy, in the discretion of these officers, that they are relatives of the deceased within the degree of cousin german inclusively.

3. Every superintendent or director of a public Institution so receiving public money, in which one of the patients in his charge shall have died, shall, within forty-eight hours of the death, notify the Inspector or Sub-Inspector of anatomy thereof.

Every coroner, whether he does or does not hold an inquest on any body found publicly exposed and unclaimed, shall also immediately notify such Inspector or Sub-Inspector thereof.

In no case shall a body, unclaimed as aforesaid, be delivered up, except upon the order of the Inspector or Sub-Inspector of anatomy, and to the person who shall be mentioned in such order, except in the case of death from contagious disease, the fact of which is established by a physician.

4. The notice, given to the Inspector or Sub-Inspector of anatomy, in virtue of the preceding section, shall set forth the names and surnames (if known), the sex, age, status, religion, nationality, occupation, date of decease and the illness or other cause of death of the deceased.

The Sub-Inspector shall:

(1) Forthwith transmit to the proper section Inspector the notice which he has received, as well as the corpse which has been delivered to him, and

(2) Deliver the corpses at his disposal to the Inspector of anatomy of his section only, under a penalty of a fine of fifty dollars for each corpse otherwise delivered.

5. Each Inspector of anatomy shall:

(1) Keep a register, in which he shall enter at length the notices he shall receive under section 3 of this Act, as well as the name of the university or school of medicine to which he shall have delivered a corpse;

(2) Impartially distribute to the universities or schools of medicine, each in their turn and in proportion to the number of students in each of them, the bodies so placed at his disposal;

(3) Not distribute any bodies except to the universities or schools of medicine in this Province in conformity with the provisions of this Act, under penalty of a fine of fifty dollars for each body otherwise delivered;

(4) Carefully inspect the dissecting rooms, at least once a week, and order that, after dissection, the remains of each body be removed and decently interred in a cemetery belonging to the religious denomination of the deceased.

6. The superintendent or Director of every University or school of medicine shall also keep a register, in which he shall enter the names and surnames (if known), the sex, and the date of the reception of every body supplied to him by the Inspector of anatomy, as well as the date at which such body is delivered to the said Inspector for burial, and the name of the cemetery in which the remains were buried after dissection.

7. Every University or school of medicine shall pay to the Inspector of anatomy, in addition to the cost of transport and burial, a sum of ten dollars for every body delivered, and the Inspector shall pay to the Sub-Inspector, for every body which the latter shall deliver to him, the sum of five dollars over and above the cost of transport.

8. Every superintendent or director of a public institution, receiving a grant from Government, and every coroner who shall knowingly omit or who shall neglect or refuse to comply with the provisions of this Act, and every university or school of medicine, which shall receive bodies in its dissecting rooms or allow the dissection, within its establishment, of bodies which have not been supplied to it by the Inspector of anatomy, in accordance with this Act, shall, upon a complaint to that effect before a Justice of the Peace by the Inspector or Sub-Inspector, be liable to a penalty of not less than one hundred and not more than two hundred dollars for each offence; and the amount of such penalties and costs of suit shall be retained by the Provincial treasurer out of the then next grant which such Institution, University or school of medicine is to receive, or shall be retained from the emoluments which may become payable to such coroner, as the case may be.

9. Whenever, under the provisions of this Act, a body has been delivered, before burial, to a school of medicine or a university, the Inspector or Sub-Inspector of anatomy, who shall have delivered it, shall be bound to appear within eight days, in the place where the death occurred, before the *curé*, priest or minister of the religious denomination, to which the deceased belonged, and to cause to be entered, upon the register of civil status, a certificate of death, which shall have the same effect as the certificate of burial and take the place thereof; and in default of his so appearing, he shall incur, for each omission to do so, a fine not exceeding fifty dollars.

Such certificate shall state the day of the death, the names and surname, the status, calling, and age of the deceased, the name of the institution in which he died or the place where he was found, and it shall be signed by the Inspector or Sub-Inspector of anatomy, as the case may be, and by the person making out such certificate.

10. Every Inspector of anatomy shall make to the Provincial Secretary, on the first day of October in each year, a general report of his operations.

Birth.

McPHEDRAN—At 7 Wilton Avenue, on November 3rd, the wife of Dr. A. McPhedran of a son.

NEVITT—At 168 Jarvis Street, on January 16th, the wife of Dr. Nevitt of a daughter.

THE

CANADIAN PRACTITIONER

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TORONTO, MARCH, 1884.

Original Communications.

VASO-CONSTRICTOR AND VASO-DILATOR NERVES.

A. S. FRASER, M.D., SARNIA.

The nervous energy necessary to the activity of the heart and muscular coats of the arteries is furnished in two ways, viz., (1) by intrinsic ganglia which are situated in the substance of the heart and distributed along the coats of the arteries. (2) By means of fibres from the large sympathetic ganglia. None of these are capable of reflex action, and as it is evident that the calibre of an artery is frequently determined by events occurring at a distance from the vessel, cerebro-spinal nerves must be in some way concerned in regulating the arterial tension in different parts of the body.

A question which medical practitioners are frequently called upon to decide is this —are constricting impulses carried to the coats of the arteries in response to impressions received by sensory nerves, or do cerebro-spinal nerves convey influences which counteract the tonic impulses constantly being supplied to the vessels by the sympathetic ganglia?

The evidence in favour of the view that vaso-constrictor nerves belong to the cerebro-spinal system is chiefly derived from the results of experiments which show that under certain circumstances the stimulation of afferent nerves causes a rise in the general blood pressure, and that the division of certain rami communicantes between the last cervical or first dorsal ganglion and the spinal cord permits the vessels of the head and neck of the same side to dilate.

The rise in the general blood pressure which occurs in the above-mentioned experiment is said to be due to the reflex action of a vaso-motor centre in the medulla oblongata. But that such is the case, at least in the sense that vaso-motor impulses proceed directly from the medulla to the muscular coats of the blood vessels, is open to doubt. When an afferent nerve is stimulated, the vessels of a corresponding area dilate, and there is a rise in the general blood pressure. This rise, however, is seldom noticeable except when the animal operated upon is under the influence of urari, when the animal is under chloral there is a fall in the general blood pressure. With regard to the effect upon the vessels of the head and neck which follows the division of the rami communicantes, it may be said that it is not quite certain that these nerves belong to the cerebro-spinal system.

In considering the arguments in favour of the theory that the sympathetic nervous system furnishes all constricting impulses to the blood vessels, and that cerebro-spinal nerves carry impulses which invariably restrain the action of the sympathetic nerves on the vessels, our attention is first directed to the influence of the intrinsic ganglia in maintaining the activity of the

heart and the tonicity of the arteries. When the heart of a cold-blooded animal is removed from the body, it will continue to beat for some time; if, however, it is cut into pieces, it will be found that only such pieces as contain ganglia will continue to move. If all the nerves going to a vessel are cut, and the cut ends separated so that they cannot unite again, the dilation which results soon disappears, and the vessel resumes its tonicity. It may then be made to contract or dilate to a limited extent by applications made directly to its walls.

In cases where the stimulation of an efferent cerebro-spinal nerve causes dilation of blood vessels it is impossible to imagine that such an effect could be produced in any other way than by impulses passing along the nerve to the local ganglia and inhibiting their action upon the vessels. When the nerve of a muscle is divided and its peripheral end stimulated, contraction of the muscle and dilation of its vessels follow. Now, if the muscle is paralysed by urari, dilation of the vessels still occurs when the nerve is stimulated. Many examples of the inhibitory influence of efferent cerebro-spinal nerves upon the local ganglia of the blood vessels might be mentioned.

The submaxillary gland receives its nervous supply from two sources, viz., fibres from the cervical sympathetic, which reach the gland along the submaxillary artery, and the chorda tympani, which reaches the gland along Wharton's duct. It is evident that the tone of the vessels of the gland is maintained, at least to some extent, by means of the sympathetic fibres, as division of these fibres permits the vessels to dilate, and when the peripheral stumps are stimulated the vessels contract. If an irritant is placed on the tongue the vessels dilate, and the same effect is produced by dividing the chorda and stimulating the peripheral part.

Two circumstances in connection with the antagonistic action of the sympathetic and chorda upon the vessels of this gland are especially worthy of notice. In the first place after division of the sympathetic fibres, the dilation of vessels which follows is markedly increased by stimulation of the chorda; and in the second place, stimulation of the chorda will not cause dilation of the vessels if the sympathetic is stimulated at the same time.

All the large nerve trunks in the body are composed partly of sympathetic and partly of cerebro-spinal fibres; and we find that when one of these nerves is divided, and its peripheral stump stimulated, the result will vary according to circumstances; for instance when the sciatic of a mammal is divided and its peripheral part at once stimulated, the vessels of the foot contract. In a short time a weak stimulation will cause dilation of the vessels, while a strong stimulus will still produce contraction, after a time, however, stimulation to any extent will cause the vessels to dilate. From this it is evident that the constrictor degenerate more rapidly than the dilator fibres, and it is reasonable to suppose that the sympathetic being softer and less likely to resist destructive influences would degenerate more rapidly than the medullated cerebro-spinal fibres.

The dilation of vessels is probably a constant result of the stimulation of cerebro-spinal nerves when they are free from sympathetic fibres, and, it is no doubt, for this reason that cutaneous nerves are invariably vaso-dilators.

The nature of the anatomical connection between the cerebro-spinal nerves and the sympathetic ganglia, indicates the paths by which inhibitory impulses reach the latter. Each spinal nerve is connected with a neighbouring sympathetic ganglion in two ways. A prolongation of the sympathetic ganglion being attached to the ganglion on the posterior root of the spinal nerve, and fibres from the anterior root of the spinal nerve going to the sympathetic ganglion and accompanying its fibres of

distribution. It is, therefore, clear that an impulse passing along a sensory nerve may, by means of the ganglion on the root of the latter, overflow so to speak, into the neighbouring sympathetic ganglion. And the same impulse may be reflected along the fibres from the anterior root of the nerve, which accompany the sympathetic fibres to the vessels, and by this means reach the local ganglion on the coats of the latter.

When the arteries of a given area dilate in response to the stimulation of an afferent nerve, all the other arteries in the body become unusually contracted, and, although, this is to some extent due to the increased quantity of blood in the dilated vessels, yet it may be that the nervous energy which has been prevented from following its usual channels is diverted to other courses, and goes to increase the energy which is being sent to the vessels that have not been deprived of their nervous supply.

Looking at the matter in this light, all that has been attributed to vaso-motor centres in the brain and spinal cord, may be accounted for by considering them centres of inhibition, and the so-called vaso-motor centre in the medulla as a co-ordinating inhibitory centre by means of which the equilibrium of the circulation is maintained.

The following circumstances show that by means of cerebro-spinal nerves, a constant restraint is exercised upon vaso-constrictor impulses. If the pneumogastric is divided during the process of digestion, the vessels of the stomach which had become dilated from the presence of food, at once contract leaving the gastric mucous membrane pale and bloodless. When the trigeminus of a rabbit is divided in the skull, ulceration of the gums, lips and cornea follows, but if the superior cervical ganglion is removed at the same time this ulceration is prevented. In cases of myelitis where the functions of the cord are completely destroyed, the bed sores which so frequently accompany this condition are almost identical in character with the gangrene, which follows obstruction or obliteration of arteries. When, on the contrary, sensory nerves become more than usually sensitive, as in some cases of disease of the brain or spinal cord, the blood vessels in those parts where the nerves are in a state of hyperæsthesia, become very much dilated and there is a rise of temperature. When, however, the disease or injury is of such a nature as to destroy the functions of the cord completely, the parts become paler and colder than natural.

A departure from the normal or healthy state of any part of the body, is usually accompanied by a diminution of arterial pressure. Hence to restore tone to the more or less paralysed muscular coats of the arterioles, and thereby relieve the capillary engorgement is often the object of medical treatment. One method frequently employed to accomplish this purpose is to relieve the ganglia which control the affected vessels from the inhibitory influence of the cerebro-spinal nerves. And this is usually done by excluding air and making sedative and soothing applications to the peripheral extremities of these nerves, or by the administration of such medicines as have a sedative effect on the nerves in question. For instance, belladonna is known to have a sedative effect upon the pneumogastric in particular, while the best effects of opium are probably produced on the sensory nerves of the abdomen.

When it is considered desirable to relieve an engorged district by diverting the blood to another part of the body the inhibitory influence of the sensory nerves in the part fixed upon is increased by making stimulating applications to their terminal extremities, or by giving medicines which are known to have a stimulating effect upon such nerves. As we have seen that the vessels of the salivary glands are dilated by placing certain substances in the mouth, no doubt the vessels in other parts of the body may be dilated by the stimulation of

appropriate nerves, for instance those of the kidneys by diuretics, those of the intestines by purgatives, etc.

That the character of the circulation is improved by removing the inhibitory influence of the cerebro-spinal nerves, and not by stimulating vaso-constrictor fibres, is made probable by the fact that medicines which increase arterial tension are those which diminish the activity of cerebro-spinal nerves. A curious instance of this is the effect of physostigma in relieving to some extent and checking the progress of paralysis from myelitis, although this drug is one of the most powerful of the nervous sedatives. The effect of heat upon the circulation depends upon the degree to which it is applied. Thus, when a moderate degree of heat is applied to the skin the superficial vessels dilate, because the sensory nerves are stimulated; but if heat is applied to a much greater extent the surface becomes blanched, partly because the sensory nerves have become paralysed from over-stimulation, and partly because the heat has penetrated to the local ganglia, and by stimulating them has caused the vessels to contract.

Cold on the other hand lessens the irritability of the sensory nerves, and thereby removes their inhibitory influence from the ganglia. When, however, it is applied to such an extent as to influence the local ganglia of the vessels its sedative influence upon them may allow the vessels to dilate. Experiments have shown also that impulses will not pass along sympathetic fibres—the temperature of which is even moderately reduced.

To sum up:

1. Arterial pressure is maintained by nervous impulses which arise spontaneously in the sympathetic ganglia and act upon the muscular coats of the minute arteries.

2. There is no satisfactory evidence that cerebro-spinal nerves carry impulses to the muscular coats of the arteries.

3. Sympathetic ganglia, being incapable of reflex action, cannot send out impulses in response to impressions received by sensory nerves, although it is quite evident that the action of these ganglia may be inhibited by means of cerebro-spinal nerves.

4. The connection between the sympathetic ganglia and the ganglia on the posterior roots of the spinal nerves clearly indicates the way by which sensory impulses reach the sympathetic ganglia.

5. It is well known that when the vessels of an area become dilated all the remaining vessels become unusually contracted; and although this is probably due, to some extent, to the withdrawal of blood from the latter, yet it may be assisted by the nervous energy which is withdrawn from the dilated vessels; that, in fact, the ganglionic system may be compared to a number of galvanic batteries, connected with each other, and from which numberless wires proceed in every direction, and when some of the wires are disconnected, the strength of the currents carried by the remainder becomes increased.

MALARIA.

BY J. G. BRAY, M.D., CHATHAM, EX-PRESIDENT ONTARIO MEDICAL COUNCIL.

(Abstract of a paper read before the Sanitary Convention at London, Ont., Nov. 17th, 1883.)

I have chosen for this paper the subject of malaria, for two reasons:—Firstly, because it is the source of most of the sickness in Chatham and vicinity; and secondly, because it is a matter that should be brought prominently before the people and the Government, for the purpose, if possible, that some means may be devised to reduce the supply and check its spread. There are three things necessary for the production of malaria, viz.:—Heat, moisture and vegetable decomposition; and just in proportion as these exist will the character of the miasmatic poison be, and the influence it exerts on the system manifested. Unless these three causes combine, we can have no malaria. We may have vegetable de-

composition going slowly on at a comparatively low temperature, producing a small quantity of miasma, but not in sufficient quantities to cause intermittents; but should the thermometer rise to, say 80°, and remain at that point for a week, ten chances to one several cases of intermittent fever will occur. Should the temperature become still higher, and continue so for any length of time, the intermittent will be replaced by remittent and continued fevers. My experience in a malarious district has extended over a period of twenty years, and during that time I have been a close observer of the changes that have occurred in the character of the fevers that are endemic to this section, as well as the climatic influences which affect the character of this poison. Shaking ague was almost the only form of malaria existing in the county of Kent twenty or thirty years ago. Now, such a thing as a genuine old fashioned attack of shaking ague is almost unknown, particularly amongst old residents and those acclimated to the country. The exceptional cases that do occur are in the persons of immigrants.

There are several things which exert a modifying influence on the production and spread of malaria. Among which are time of year, rainfall, freshets, lakes and rivers, the winds, and, above all, drainage. First, the time of year and rainfall. As an example, suppose we have a wet spring with high water in the streams which overflow the country for a considerable extent. With a low temperature there will be no malaria, but as soon as the water dries up and evaporates, an occasional case of chill and fever occurs; but if rain again falls and the low spots become covered with water, this disappears, and we are free from miasma, and will remain so until they again become dry and the temperature rises, when decomposition begins, and as a consequence malaria is germinated in great quantities, which is absorbed by plants, water, the earth and human beings, producing intermittent, remittent, bilious and continued fevers, diarrhœa and dysentery.

I have said that season and rainfall have a modifying influence on the production of malaria, and have in a feeble way endeavoured to show how they do this. But as it is not within the scope of human power to control the rainfall or the temperature, it follows we cannot prevent altogether the production of malaria. But I will now endeavour to show how it is within our power to lessen its spread. As before stated, drainage possesses one of the most powerful influences over the production and spread of this poison. It is well known to many present that portions of the Raleigh Plains, in the county of Kent, that a few years ago were partly or wholly covered by water, untillable and almost valueless, were one of the great reservoirs for malaria, but are to-day almost free from it, and what is more, are now among the best of our farming lands. This wonderful change has been brought about by the construction of five or six large drains. I think that no government could employ the funds at its disposal to a better or more laudable purpose than the improvement of the country and the health of its inhabitants. And I would suggest, that some of our surplus be expended in the planting of forests, the drainage of low lands, the sinking of artesian wells, and in any other way whereby the spread of malaria can be prevented. One, and I think the chief reason why malaria, instead of being confined to a few localities, as was the case thirty or forty years ago in this Province, is now almost universal, is because the forests have been cut down, and the country cleared up and cultivated, thereby allowing the winds to carry the poison for miles to the homes of those living in districts where malaria was formerly unknown.

I have often asked myself the question, Why do we have malaria in winter if the theory be correct that a low temperature destroys it? And the only solution I can

give is that the three great receptacles before named, viz., the earth, water, and the human system, have a supply in store, which, under favourable circumstances, produces its effects in the shape of intermittent or other fevers. The water in the wells being impregnated with it is one great source of supply, particularly when the ground is frozen for a long time and the water gets low. The second reason is that from under houses and protected spots it escapes, and thirdly, some people have a continual supply in their systems, only waiting to develop itself when it finds a good opportunity for so doing, as when a person is exhausted by over fatigue, loss of rest or otherwise run down. Now if this theory is correct as to why we have malaria in winter, then is there any remedy, and, if so, what is it?

(1) I would advise good ventilation in and under our houses. Do not bank them up with earth, as is the general custom in rural districts, or close the ventilators, as is often done in towns and cities, but have double floors with a layer of felt paper between.

(2) For towns and cities, have waterworks and bring the supplies from springs, rivers or lakes that are not impregnated with malaria, and in the country, sink artesian wells and do away with the miserable surface holes that are to be found all through the western district.

Selections: Medicine.

PROGNOSIS IN HEART-DISEASE.

BY W. H. BROADBENT, M.D., F.R.C.P., LOND.

Prognosis, foreknowledge of the course and issue of disease, is one of the highest and most important attributes of the medical man. Perhaps, more than any other, it is the mark of the complete physician; it is the combined result of large knowledge, extended experience, close and minute observation, and true insight, and is the test of what may be called the clinical faculty. Its importance to the patient is evident, and to the medical man it is scarcely less so; nothing secures the confidence of patients and friends so firmly as to see the drama of an illness unfold itself according to a course already sketched out, and pursue its march to a known termination. True, this foreknowledge may, like the gift of prophecy, be a burden; we may have to dash to the earth hopes which are the only comfort of a family and friends; but it is far better to have beforehand the pain of seeing what is impending, than to have afterwards the bitter regret that we allowed ourselves and others to be deluded by false hopes, and perhaps that we contributed to overwhelm a family in disaster as well as in grief. But prognosis is the knowledge not only of the end but of the course of disease; it is, in fact, only a branch of diagnosis. These remarks upon the value and importance of prognosis apply with special force to heart-disease. What a difference there is in the presence of a case of the disease of the heart, in which the question of the future arises, between the man who knows, and him who can only conjecture! The one must hide his ignorance and defend his credit by vagueness of statement; must, therefore, on recognising the existence of heart-disease, speak of sudden death as amongst the contingencies to be feared; or, having seen that his apprehensions in previous cases had been falsified, he may, on the other hand, lull the sufferer into false security, and not only fail to warn him of inevitable danger, but precipitate the fatal termination. The other, secure in his knowledge, will distinguish the cases in which he must warn from those in which he may hold out encouragement.

In the mind of the general public, disease of the heart and sudden death are so closely associated, that the mention of the one immediately suggests the other. It must be understood that the sudden death under consideration is such as is meant by the phrase "dropping down dead" with little or no warning, the individual having been up to the moment in apparent health, or so far well as to be able to go about his duties. Medical men are well aware that this apprehension on the part of the public is greatly exaggerated; but they hardly sufficiently recognise that sudden death is a contingency which may almost be left out of considera-

tion in valvular disease, except in aortic regurgitation.

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The relative frequency of the several valvular diseases is, according to Dr. Walshe, mitral regurgitation, aortic constriction, aortic regurgitation, mitral constriction, tricuspid regurgitation, pulmonary constriction, pulmonary regurgitation, tricuspid constriction; and, according to the same observer, their order of relative gravity is tricuspid regurgitation, mitral regurgitation, mitral constriction, aortic regurgitation, pulmonary constriction, aortic constriction. According to my experience, aortic constriction should be displaced from its position of relative frequency, and should come after mitral constriction; and I shall leave the valves of the right side of the heart entirely out of the question, since lesions of them are not only relatively rare, but they can scarcely be considered independently of affections of the valves of the left heart or of the lungs. I should then give the following as the order of relative danger:— mitral stenosis, aortic regurgitation, mitral regurgitation, aortic stenosis. Aortic regurgitation, however, under certain circumstances, is the most fatal of all valvular affections; this is, when it comes on late in life, at a period when it is progressive in character, and when compensatory hypertrophy is established with difficulty.

The actual condition of the orifice and valve affected must now be considered. Our guide in localising disease in the valves of the heart is chiefly a murmur, produced by obstruction to the current of blood, when one or other orifice is narrowed or roughened; or by regurgitation, when a valve no longer closes perfectly. By means of the murmurs, we learn definitely which valve is affected, and in what way, but they fail altogether to indicate of themselves the amount of damage which a valve has sustained. A loud murmur may be produced by a very slight change, and a murmur which is scarcely audible, may be indicative of most extensive destruction.

Murmurs may be compared or contrasted in several respects: in intensity, in duration, in character, and in their relation to the sounds of the heart in point of time.

A loud murmur is, on the whole, of less serious import than one which is weak and soft; it is, at any rate, indicative of force in the heart's action, and weakness of the heart constitutes the greatest of all dangers. It must not be concluded that a soft or weak murmur necessarily signifies either a failing heart or a greatly damaged valve; but a diminution of the intensity of a murmur, gradual or sudden, may confirm unfavourable indications given by symptoms.

A long murmur, except in the case of mitral or aortic stenosis, is usually indicative of early and comparatively slight disease, and of efficient action of the heart. Sometimes, a short murmur is significant of impending danger.

The character of a murmur, its roughness or smoothness, may have diagnostic significance, as will be pointed out later, but does not give any information with regard to the extent of structural change or functional derangements.

An accent at the beginning of a murmur shows that the valves still act as a check on the reflux of blood.

A postsystolic or postdiastolic murmur shows that the valves come together accurately at first, but fail to remain in apposition throughout the whole period of ventricular contraction; it indicates, then, that the amount of leakage can only be slight.

The conclusions drawn from the pulse add materially to the information; in aortic obstruction, the pulse will be long, and the initial "percussion-wave" slight. In aortic regurgitation, we have the well-known collapsing pulse. In mitral stenosis, the artery is small, and full between the beats, but usually regular; while mitral regurgitation, when considerable, is attended with extreme irregularity of the pulse.

But these murmurs, and the character of the pulse, furnish no reliable measure of the degree of obstruction and amount of regurgitation; we possess such an indication, however, first, in the effects on the cavities and walls of the heart; secondly, in the evidence of obstructed circulation in the lungs or in the system.

* * * * * * *

Bringing, in conclusion, some of the chief indications dwelt upon to a focus, we have, let us say, an individual in apparent health in whom a valvular murmur has been discovered; there is, however, no modification of the pulse, and no structural change in the heart. Here the change in the valves is slight, and present danger there is none.

The future of such a patient will depend

on the nature of the lesion, whether, that is, it is old and stationary, or recent and progressive. In one case he may reach old age, in the other, may have only two or three years to live.

In another case, while there are no symptoms, there is dilatation and hypertrophy, or both, and a corresponding modification of the pulse. These show that the valvular change is sufficient to have called for compensation, and although this may be sustained under ordinary circumstances, it may break down under strain of any kind. If the lesion is progressive, symptoms will not long be absent.

In yet another patient, embarrassment of the pulmonary or systemic circulation has been set up. Here danger is never far off, though it may be guarded against for years. Symptoms once present, there is, speaking generally, less probability of prolonged life in aortic than in mitral disease. The state of the walls and cavities of the heart will be important, but still more the question whether the symptoms are due to some temporary and remediable cause, or are the direct result of the state of the valves.

The stationary or progressive character of the change loses none of its importance. The only hope lies in the absence of any tendency to aggravation of the valvular lesion, together with soundness of the structures generally, and a good family history.

When we are called to a patient suffering from some severe pulmonary complication or from advanced dropsy, the first question will be whether the symptoms have come on gradually or have been precipitated by exposure, over-exertion, or other adequate cause. If they have supervened in spite of favourable circumstances, there is little chance of their arrest. If, on the other hand, some powerful disturbing influence has overthrown the equilibrium of the circulation, this may be regained if the heart manifests power, and if the dilatation and hypertrophy do not tell of a hopeless extent of valvular mischief.—*Brit. Med. Jnl.*

Dietetics of Diabetes.—In diabetes there is a great loss of glucose. There is no use in giving to such patients free sugar with the idea of replacing that waste. This is, at first sight, a plausible theory, but it explodes on the first trial in practice. The more you give of sugar or starch, in any of their forms, the more sugar is excreted and the worse the patient becomes, and you recognize the fact that this drain cannot be replaced. Further, you find, if you prevent the ingestion of sugar and starch, that nearly all cases do better. You do this by giving albumen in its various forms, fatty articles, and gluten, that is, grain from which the starch has been washed; to these may be added succulent green vegetables not containing sugar or starch. The diet has to be varied according to the taste of the individual, according to his circumstances in life, and according to the market which is accessible. Where money is plenty and the market good, you can make a very good bill of fare without allowing sugar or starch; but where you have to cater to the palate of a person in moderate circumstances, with a poor digestion, you will often find it a matter of no little difficulty, and will often have to break your rule and allow a small quantity of starch or sugar, in order to prevent the patient from becoming thoroughly disgusted with his food.

The exclusion of sugar and starch from the food should not be abrupt, but should be made gradually. The diet of a diabetic patient should in general terms be something like this:

Breakfast.—A cup of tea, without milk or sugar, but with a sliced lemon in it, according to the Russian fashion; a couple of soft-boiled eggs, broiled chops, beefsteak, or fish; oysters must be excluded, as the liver which makes up the chief bulk of the oyster, contains sugar; with these may be given some vegetable, as a raw tomato, a raw onion with vinegar, and a slice of gluten bread or a couple of gluten biscuits.

Between breakfast and dinner a little cream, with a teaspoonful or so of old rum or whiskey.

Dinner.—Meat, green vegetables, string-beans, tomatoes, cauliflower, onion, lettuce (the latter contains a little sugar, but not enough to do any harm), and again gluten bread.

The evening meal is similar to the breakfast. All these articles are inexpensive and can be easily procured.

Having made the change in the diet, you watch carefully to see the effect upon the excretion of urine and sugar. While doing this, I should advise you to give no medicines. If you have confidence in the patient's intelligence, explain to him what

you are going to do, and that you wish to see what effect the change of diet will have upon his disease, for upon this will be based your opinion as to the further progress of the case. If you have not confidence in the patient, and think that a prescription is necessary for its moral effect, I should let it be a mere placebo—a little coloured water. I should not complicate the case by the administration of such remedies as opium, codeia, bromide of potassium, ergot, and iron, until I had determined the effect of judicious regulation of the diet.

The exclusion of sugar and starch will be followed by one of three results.

1. The patient immediately gets wonderfully better; he sleeps better; urination is not so frequent; the quantity of urine goes down from perhaps 200 or 300 ounces to 80 or 70 ounces; and the sugar goes down to a mere trace. In other words the regulation of the diet at once relieves the symptoms of diabetes. This is a most favourable effect.

2. In other cases the amount of urine may diminish, but still continue considerably above the normal quantity, perhaps 120 ounces, the specific gravity keeps up, and it still contains a large proportion of sugar. Here is evidence of a profound alteration of the vital chemistry of the body. There are cases in which, although starch and sugar are cut off, still the patients will manufacture glucose in their bodies and the symptoms will continue. These patients will go down hill rapidly.

3. In a third class of cases we find that the patient cannot take the restricted diet. They become disgusted with it and are anxiously asking for a change, or make changes without your permission; or if they take the food they do not digest it but suffer from dyspepsia.

In this latter class of cases I should advise a still further change in the diet before administering any drug. I should put him on a diet of skim-milk, pure and simple, beginning, as I have repeatedly urged upon you the importance of doing, by confining the patient to bed, by employing a sufficient amount of friction to maintain the circulation of the extremities, and by giving the milk in small quantities, at short intervals, beginning with a gill every two hours, or in diabetes where there is much thirst, a gill every hour or hour and a half. The quantity should be gradually increased until the patient takes half a pint every two or three hours. This skim-milk treatment of diabetes, when carefully introduced, not allowing the patient to exert himself while on a small quantity of milk, and permitting a gradual return to exercise as the amount of milk is increased, is sometimes followed by wonderful results. Patients who have not done well on solid food from which starch and sugar have been excluded will immediately improve on a diet of skim-milk, although the latter does contain a certain amount of sugar.—*Med. Rec.*

Prolonged Suspension of Vitality following the Hypodermic Injection of Morphia and Atropia.—A woman 37 years of age, upon whom an operation had been performed for the removal of the left ovary, at noon, four days after the operation, became very excited and disturbed the dressings of the wound, when twelve minims of the hospital solution of morphia and atropine were injected. This represented three-fifths of a grain of morphia and one-fortieth of a grain of atropine. At one o'clock she became livid, and the nurse by mistake injected another five minims of the solution before the house-surgeon arrived. When he came, he injected ammonia, gave brandy enemata, used artificial respiration, and applied electricity, without effect. At 4 p.m. the nurse was laying the woman out, but the doctor came in and determined to proceed with artificial respiration, galvanism, and frictions. Up to 5.30 p.m. only a spasmodic breath every quarter of an hour, and a feeble beat of the pulse every now and then, could be detected. At 7 p.m. a nurse poured some coffee into the patient's mouth, and she suddenly fell back as if dead, but by turning her over on her side she was made to vomit. By nine o'clock the respirations were beginning to be more frequent and the pulse stronger; she soon became conscious after this, and recovered perfectly.—Dr. Alexander, in the *Boston Medical and Surgical Journal.*—*Phil. Med. Times.*

Amylnitrite in Angina Pectoris.—Pierre Vigier recommends those who use this drug, to drop the required dose upon a tuft of cotton batting enclosed in an ordinary homœopathic vial. In this way it is conveniently carried around, and there is no danger of taking an overdose.

Rupture of Appendix Vermiformis—Peritonitis—Death.—M. Polaillon reported to the Medical Society of Paris, (*L'Union Méd.*) the case of a young girl who after muscular effort felt a pain in her belly. An attack of peritonitis developed and progressed slowly. The symptoms closely resembled those of intestinal obstruction. There was vomiting of fæcaloid matter, tympanitis, complete obstipation, not even gas being passed per anum for eight days after the accident. Under these circumstances the abdomen was opened, and an attempt made to establish an artificial anus. When the peritoneal cavity was opened, a quantity of sero-purulent highly fœtid matter escaped; showing that the bowels had already been perforated. The woman died. At the *post-mortem* the intestines were more or less matted by recently effused lymph; the appendix vermiformis was bathed in pus; at its free extremity was found an ulceration about 1 cm. in length, oval in shape. At the centre of this ulcer was a rounded perforation 3 or 4 mm. in diameter. A little above the ulceration the lumen of the appendix was entirely obstructed by a foreign body which proved to be a haricot bean. This could be moved towards the cæcum, but not towards the perforation; nor would it allow fluid nor gas to pass from the cæcum through the perforation.

Subnitrate of Bismuth with Alkalies.—The following, reported by H. Cripps Lawrence, in the *Lancet*, Aug. 1883, is worth knowing:

A lady, who had just left London for a remote part of Scotland, requested me to prescribe an antacid she was accustomed to take, in a concentrated form for convenience in packing. Accordingly I prescribed:—

℞ Sodæ sesquicarb ..... ℥ vj
Bismuthi albi..... ℥ ss
Mucilaginis ..... ℥ iij
Acid. hydrocyan. dil..... ♏ xlviij
Aquam ad ..... fl. oz. vj.
Sgt. ℥ ij (by measure), in a wineglassful of water every four or six hours.

The result of this combination, on two occasions, was to yield an amount of gaseous decomposition sufficient to burst the bottle. Pharmaceutists are well aware of the instability of this salt of bismuth, which is apt to become acid, and an article on the subject in the *Pharmaceutical Journal* of January 3, 1883, fully explains the characteristics of the subnitrate of bismuth. Another salt of bismuth the carbonate of bismuth, is free from this risk, and, being identical in dose, should be substituted for the subnitrate when it is necessary to prescribe other alkalies in combination.—*Quart. Comp. Med. Sci.*

Treatment of Ascarides Vermiculares.—It is often difficult to cause the complete disappearance of the Ascarides because they are not all reached, and then multiply rapidly. Dr. Szerlecki of Mulhouse, reports a rapid and complete success from the employment of enemata of cod liver oil, twice daily, using six dessert spoonfuls of pure oil. An obstinate intertrigo disappeared at the same time. The following pill may also be employed:—

Santonine ..... 1 gramme
Ext. Absinth .... 1 gramme, 50 centigr
Pulv. Altheæ .... Q. S.
Fiat Pilulas, No. xx.

For children, one or two in the morning, fasting; for adults, one to six. M. G. Sée prefers, to the ordinary means used, the introduction into the rectum and around it (at bedtime for two or three nights) of mercurial ointment. It is said to be very efficacious.—*Le Prog. Méd.*

Nitro-Glycerin and the Chloride of Gold and Sodium in the Treatment of Albuminuria.—(Roberts Bartholow).—The former remedy (in one per cent. solution) is recommended, in drop doses, in the more acute cases, influencing as it does more directly the blood supply; the other, a double salt, is indicated in the subacute and chronic cases, especially the latter, in doses of one-tenth of a grain at first, reduced at the end of a week to one-fifteenth of a grain, then continued for a month in smaller doses. If good effects are not observed in two weeks, they may be discontinued. He had observed very good results from its use in this class of cases.—*Phil. Med. Times.*

Inhalations of Carbonic Acid in Whooping Cough.—M. Campardon led by a work of Dr. Petit (of Royat) in which the treatment of whooping cough consisted in bringing children affected with that disease

into a grotto whose atmosphere, especially the lower layers, was strongly charged with carbonic acid gas, has experimented with satisfactory results with inhalations of artificial carbonic acid. The gas was formed in a seltzer water apparatus, and conducted by rubber tubing to the nostrils where it was slowly delivered. The cure in one case was complete and rapid. M. Campardon insists upon the necessity of employing for the inhalations carbonic acid gas charged with vapour of water.—*Jour. de Méd. de Paris.*

Nervous Manifestations Sequent on Anæsthesia.—M. Ferrier, at the Société de Chirurgie, reported a case of hystero-epilepsy consequent upon chloroformisation for a slight surgical operation. Other cases were mentioned by MM. Nicaise and Verneuil.

(Two similar cases have come to my knowledge in this city. One of a young girl from whom a sub-ungueal exostosis was removed. After chloroform there was a decided hemispasm of the right side of the body. This occurred on two occasions. There being no nervous manifestations in the intervening period of thirteen months. A second case was in a young man, after the administration of ether for ligation of hæmorrhoids. A grand attack of hysteria ensued, followed by well marked melancholia, refusal to take food, sullen silence, etc.—R. B. N.)

Neuralgia Pencils are said (*Drug. Circ.*) to consist of a mixture of menthol, thymol, and eucalyptol, fused and cast in small conic pellets, which are fitted in suitable handles. The forehead and temples are touched with the pencil. A slight impression of burning is first produced, which rapidly gives way to a pleasant, cool sensation. Nerve Crystals, another preparation, are said to consist of crystallized Japanese peppermint oil and camphor.

Substitute for Roche's Embrocation for Whooping Cough. — W. L'Heureux Blenkarne, F.R.C.S., writes to the *British Medical Journal*, that he has found the following formula useful :—℞ Olei Succini ʒ iv. Olei Camphoræ ad ʒ iss. M. Fiat Embrocationem. To be well rubbed into the back and front of the chest three or four times daily.

A Ready Method for the Detection of the Bacillus Tuberculosis.—Dr. Hartzell (*Phil. Med. Times*) finds that nitric acid, generally used as a decolourizing agent, is disagreeable to handle, and apt to remove the colour from the bacilli. Substitute for it a saturated solution of oxalic acid. The different steps may be thus arranged: (1) Spread the sputum on the slide, dry, and pass through the flame of the lamp. (2) Stain with the fuchsin solution (Gradle's) three to five minutes. (3) Wash in distilled water. (4) Decolourize with oxalic acid. (5) Wash again thoroughly in distilled water, dry, and mount in glycerine or balsam. The bacilli will appear as brilliant red rods, no staining of the background being necessary.

Cimicifuga in Epileptiform Nightmare.—Dr. Small, of Maine, reports a case which was cured by the administration of half a teaspoonful of powdered *cimicifuga racemosa* at bedtime, and a light supper each night. The paroxysms at once ceased, and in a lengthy period of observation there had been no return.—*Phil. Med. Times.*

Surgery.

Osteoclasy for Genu Valgum.—At the Medical Society of Lyons *apropos* of a case of genu valgum treated by osteoclasy, Dr. D. Mollière said that Robin's osteoclast gave as great precision to the fracture of the femur as did the chisel of the osteotomist. He had practised the operation eighty times without accident. This mathematical precision permitted him to ask the question at what point should the femur be broken?

Many surgeons think the rupture should be made as near as possible to the femoral condyles. The nearer we approach the epiphysis the better will be the results as regards form. The osteotomists, affirming that fracture cannot be performed at this low level, say that osteoclasy must be given up. To answer this objection I am constrained to publish what can be done with Robin's instrument. Its skilful inventor gave me no peace nor quiet until I had performed transverse intra-articular fractures with it. I have performed many such upon my patients. But in spite of the excellent results we have obtained in these cases, I prefer now to operate at a higher point.

The place of election of femoral osteoclasy is the point where the femur becomes cylindrical, the point where the *linea aspera* bifurcates. In fracturing at this level, the wedge-shaped space with base outward left by straightening the limb, is insignificant. When the fracture is seated lower, it is considerable. This is well shown on M. Robin's specimens. So consolidation is obtained much more slowly.

As regards form the results are the same. Let us add, that in keeping away from epiphyseal cartilage when we operate in young subjects we are protected from those troubles in the growth of the limb imputed to the method of M. Delore, theoretically it is true.

This brings me quite naturally to discuss the question of the age at which osteoclasy should be practised. The instrument was made for operations upon adults and adolescents. As to children, having operated only on individuals of fifteen years at the least, I do not like to answer that question. I believe that in younger children the deviation has not yet attained its maximum. The disease which gave rise to the deformity has not been cured, and therefore the operation would be premature, and orthopedic appliances should have the preference. I do not, on this account, entirely reject Delore's treatment, but recollect that prolonged treatment by keepers is required, for the child, if set at liberty too soon, is apt to have a recurrence of the deformity.

M. Ollier said that the question of osteoclasy is settled. I see no advantage in fracturing the femur through the condyles. In children, we expose them to the dangers of arrests of growth, and at all ages we run the risks of the complication of penetrating articular fractures. The breaking must be made in the diaphysis seven or eight cm. from the articular interline. The absence of apparent callus is not a very serious advantage; with a thick callus, the guarantees of solidity would be greater. Æstheticism is indifferent here. Returns may take place with all methods during the period of growth. Whatever method be employed, retentive apparatus must be worn for a long time.—*Lyon Méd.*

Cold Abscesses and Gummata; Differential Diagnosis. — M. Terrillon states (*Le Prog. Méd.*) that in the beginning they are indistinguishable. It is not until the third period of growth is reached, the period of softening and transformation that a diagnosis becomes possible. In this period the central elements undergo fatty degeneration and from reciprocal pressure become unrecognizable and assume the appearance of mastic as we have already seen in the tubercular abscess. Later the entire mass of the gumma undergoes this fatty degeneration. In tuberculosis, this third period offers divers transformations, sometimes an abscess is formed, sometimes a caseous collection without fluid, or even the fatty matter is absorbed.

In the gummata formation of fluid also takes place; but in place of proceeding rapidly, the degeneration is produced slowly, the caseous elements in liquefying have not a purulent appearance, the liquid is yellowish and thready, of a special aspect known as the gummatous liquid. In addition there is in the cavity caseous debris and filaments or bundles of degenerated fibres which give to the contents of these cavities a characteristic aspect. This matter resembles oakum, yellowish tow like macerated hemp, and its debris is formed by the fibrous tracts and caseous detritus.

The great difference between the mode of liquefaction of the contents of the gummata and of the tuberculous abscesses is the greater slowness of the process, in the first; further the absorption of fat gives a transparent mucous liquid in which swim the bundles resembling tow. There exists a second more important difference from tuberculosis. On account of the very slow progress of disorganization caseous degeneration is rare around a tubercular abscess while in the gumma it is the rule. There is little tendency for the tissues to become inflamed, but they have more facility in hardening and constituting a kind of adherent and consistent mastic. Finally a third differential character is this: while the tubercular abscesses show little tendency to heal, the gummata in the third stage have a propensity for resorption. Their slow formation renders regression and resorption more easy.

Retain these three distinctive characters of the syphilitic gumma. (1) slow liquefaction of its constituent elements; (2) more frequent caseous transformation; (3) more easy resorption.

Anatomical data afford great assistance

in the etiological diagnosis. In tubercular affections, we remark new vessels forming complicated loops. As soon as granulation develops, the vessels are obliterated. In the gumma on the contrary from its initial formation to its complete degeneration the vessels remain permeable; thanks to the role of these vessels the conditions of vitality are very different.

See now the clinical evolution of the gumma. If the gumma is sub-cutaneous, in the cellular tissue, we find the skin become altered in a special manner by a peculiar process, but not at all by invasion. It is an ulceration by pressure, a loss of substance as though punched out, which very small at first increases very rapidly from day to day. The neighbouring parts are undermined, beneath we find the gumma and its contents, gummatous liquid and filaments. The ulceration of cold abscesses on the other hand takes place from alterations in the neighbourhood.

Once emptied, the gumma and the tubercular abscess proceed in the same manner. The fistula consecutive to the opening of a gumma has a great analogy with that resulting from a cold abscess. The greatest difference being that the fistula of the gumma has a greater tendency to heal.

Sub-cutaneous Division of the Crucial Ligaments for Ankylosis of Knee.—(L. McLane Tiffany, M. D.)—Further forcible extension being inexpedient and the deformity continuing, division of the crucial ligaments is indicated and may be done as follows:—The patient lies on the back, the affected limb is held steadily in extension so as to render tense the anterior crucial ligament; the tenotome is entered to the inner side of the ligamentum patellæ, a quarter of an inch above the articular surface of the tibia, and carried backwards and outwards so as to pass between the tibial spine and the external condyle of the femur below the ligament (crucial). The flat of the blade is towards the articular surface of the tibia, the back towards the ligamentum patellæ, the edge towards the spine, after entering the joint. The cutting edge of the knife is now to be carried across the joint from side to side, the edge being directed so as to pass over the spine, and divides the anterior crucial ligament just above its attachment to the tibia; the posterior crucial will probably also be divided, but as it lies further from the skin puncture, it is well to reverse the edge of the tenotome, without withdrawal, pass it more deeply into the joint, and carry it from the internal to the external condyle, retracing the path already travelled.

Before entering the knife, the skin should be drawn upwards that the wound may be valvular and air less likely to gain admission to the joint. The tenotomy wound is to be treated as usual. If division of the ligaments has been accomplished, the limb can at once be well extended; the tibia is felt to glide forward upon the condyles to occupy almost if not quite the usual situation, the posterior projection disappears, and the eversion of the foot is lessened. A proper retentive apparatus is to be applied —I use plaster of Paris—and the knee held in its new position until all likelihood of inflammation is past, when passive motion is to be commenced. Inasmuch as the affected limb, from long continued non-use, is usually not well developed, friction, electricity, etc., can be used with advantage.

Certain practical points in the operation described above present themselves and claim attention: one is the depth to which the knife must be entered before attempting to cut the ligaments; this will of course depend upon the size of the knee demanding treatment; the case related hereafter required that the tenotome be entered one inch and three quarters. Lately, when practising the operation upon an adult male subject in the dissecting-room, I found that the cutting edge of the knife had to be carried two inches and a half below the skin surface before the crucial ligaments could be severed; here, of course, the joint was healthy. It is wise, I think, that the tenotome should have a blade about three inches long, of which not less than one inch should have a cutting edge, the better to divide both ligaments at one time; also a long and slender point is not entirely free from chance of fracture in an ankylosed knee-joint, and it is well to have the end rounded or chisel-shaped with the corners cut off, furnished, however, with a good terminal edge.—*Med. News.*

Diastasis of the Elbow in Children.—In the course of a recent clinical lecture (*Med. Times and Gaz.*), Mr. Jonathan Hutchinson remarks that partial separations of

the epiphysis are very much more common than complete ones, and much more difficult to diagnosticate. Any part of the epiphysis may give way, the central part or either of the condyles. In some cases, in addition to the separation, at some part of the epiphyseal area there is an oblique fracture of the shaft. We must be prepared for all sorts of complications. If there is any obscurity about a case, we may be sure that it is one of injury to the epiphysis—an uncomplicated dislocation is easy to recognize, easy to reduce, and not very difficult to keep in place. We all know that in adults dislocations at the elbow get well readily after reduction, and without any stiffness. In children how different is the prospect! In them the elbow nearly always remains more or less restricted in its movements. The cause of this is not alone the persisting malposition of the fragments, although that accounts for much; it is to be explained in large part by the fact that in such injuries the periosteum is always much stripped up, which leads to extensive deposit of new bone. After a while, however, in these young subjects, the bone, although much altered in form at first, becomes remolded, and, in the course of a few years, almost perfect restoration of movement may be expected. Not infrequently, however, the growth of the bone is arrested to a certain extent, and, if the separation of the epiphysis has been only partial, it may chance that permanent and very peculiar alterations may result. It will often puzzle the best anatomist to give anything like a confident interpretation of the case; over and over again he has known most remarkable differences of opinion between those who were well entitled to give them, and more than once it has been his lot to save a child from an attempt at the forcible reduction of what was supposed to be an old dislocation, by persuading the surgeon that the case was really one of separation of the epiphysis.

In conclusion, he gives the following practical rules: Never forget the epiphyses—that they are the weakest part of the bone. Always suspect that the injury is complicated—in part a dislocation at the joint, and in part a displacement at the epiphyseal junction. Remember that simple and complete detachments of the lower epiphysis of the humerus are more common than simple dislocations of both bones backward. Never give a diagnosis, if the case is the least puzzling, without putting the child under ether and making a careful examination. Never be content unless you can easily put the limb up with the elbow well bent. Be very careful to give a guarded opinion to the parents, knowing that in nine out of ten simple dislocations there is damage either to the coronoid process or to the lower end of the humerus, and that some impediment to free motion is almost sure to result for a time.—*N. Y. Med. Jnl.*

High Amputation for Senile Gangrene.—At a recent meeting of the Royal Med. and Chir. Society of London, Mr. Jonathan Hutchinson read a paper on this subject, of which the *Lancet* gives the following resumé: It began with the statement that the author's chief object was to urge the safety and expediency of amputating in senile gangrene if the operation were done at a good distance from the disease. In the common form of gangrene of the toes and foot, the lower third of the thigh was the part suggested as the proper level of the amputation, and in rarer cases in which the hand was affected, the middle of the upper arm. After remarking on the fact that amputation had hitherto generally proved disappointing owing to return of the disease, the author urged that this was owing to their having usually been done too low down. The calcification of the arteries upon which, in the main, the disease depended, was usually greatest near the periphery, and hence the difficulty as to supply of blood for the nutrition of the flaps. This source of danger was not met with if the amputation be done sufficiently high. In a series of cases, in very old patients, the author had not encountered the recurrence of gangrene excepting in one. In three the stump had healed well. In a fourth, in which the patient, although not old, was prematurely senile and the calcification of the arteries extreme, the recovery had also been excellent. In this instance the femoral artery was so rigid that it stuck out from the face of the stump like a small bone. One of the patients, in whom the stump had healed without a drawback, was seventy years old. In two of the cases the other foot had been subsequently threatened with gangrene. As to the time to be selected, the author thought that as soon as the patient was so ill as to be confined to bed and the disease was well established,

it was best to operate. Spontaneous cure was, he urged, very exceptional, and a great majority of such cases ended in death. After a long period of much suffering, the thinner the patient the less was the risk of the amputation. In a few cases in which the thigh was exceptionally fat and the tissue flabby, it might be wise to hesitate as to recommending it. In all cases Lister's precautions had been carefully used, and in two or three the patient had never experienced the slightest pain from the day of the operation.—*Maryland Med. Jnl.*

PLASTER APPARATUS FOR POTTS DISEASE IN THE CERVICAL REGION.—M. Petel states that he has found the following apparatus simple and effectual in Potts disease situated in the cervical region. The hair of the child is shaved and the head covered with a close fitting cap, in order to prevent the plaster from sticking to the hair. When the apparatus has dried, the cap can be cut away except where covered by the splints. The child is stripped to the waist and seated on a stool in a warm room. The apparatus consists in two splints of plastered tarlatan, one the *bi-auricular* prevents inclination and rotation of the head, the other *fronto-occipital* limits flexion and extension.

The first splint, the bi-auricular is hollowed at the ears; it is 7 cm. wide, and 2 metres to 2½ long, formed of eight folds of tarlatan. The middle of this splint is placed on the top of the head, thence it descends over the ears, the ends cross under the chin, then pass under the axilla and are joined at the back.

The second splint not so wide (5 cm.), nor so long (1½ m.) as the preceding, is applied by its middle to the brow, the ends cross at the back of the neck thence passing over the supra-clavicular region are joined to the first splint.

The plaster splints thus applied are immediately covered with dry bandages to mould them exactly to the parts. The child's head is maintained in a favourable position until the plaster has set. Cotton wool may be interposed at the axilla or nape of the neck, or wherever friction is likely to occur.

These bandages may be applied under chloroform, in case of torticollis. It will require to be renewed frequently as every month or six weeks.—*Jour. de Méd. de Paris.*

CONGENITAL EXOMPHALOS.—M. Renaudin, (*L'Union Med. et Sci. du Nord-Est*), reports a case of congenital umbilical hernia. On the cord about 5 cm. from the abdominal wall was a spherical swelling about as large as a goose's egg. It was soft and elastic—almost fluctuating. When about to puncture it he felt a gurgling—then by the taxis he reduced it to the size of a hen's egg. His efforts did not succeed in reducing its size any further. The next day tried the taxis again, and not succeeding he slit the cord down as far as the swelling, then turned the cord out like the finger of a glove, as close to the abdominal wall as possible. Here a rounded mass was found; the fingers were used as in reducing a prolapsed rectum, and the greater portion was crowded back into the abdomen. Numerous intestinal folds were seen adherent to the inner wall of the cord; the vermiform appendix was clearly recognized. With the finger and a spatula, these were all separated and returned. The finger passed into the abdominal cavity showed there were no other folds adherent. A knot was placed upon the cord as close to the umbilicus as possible, and a carbolized pad placed over all. Immediately after replacing the intestine the child passed meconium freely. The child recovered entirely, and showed a perfectly normal umbilicus, with no signs of its hernia or of the operation.

I have noticed a great increase in the number of operations performed at the London hospitals since the time I was a house surgeon, now ten years ago, and many, I think can hardly be necessary. A great increase is due to osteotomies, which had hardly then been attempted, and again, their prevalence increases also the number of amputations.—E. V. A. in *St. Louis Cour .of Med.*

NERVI NERVORUM.—Mr. Victor Horsley has ascertained that the perineurium contains not only sensory nerve fibres but also "tactile corpuscles," or "end bulbs."—B. M. J.

CODEINE Phosphate has been prepared by Merck, at the suggestion of Prof. Hegar. It is soluble in four parts of water, and is suited for hypodermic injection.—*Med. Times.*

Linear Osteotomy.—Mr. Edward Atkinson read notes of three cases of linear osteotomy. *Case* 1.—A boy, aged 12, had ostitis of the middle third of the tibia, due to being hit on the shin by a stick three years before. Medicinal and other treatment gave no relief, and he complained of a dull aching, worse at night and on walking. Mr. Atkinson made a vertical incision, four inches long and one-third of an inch deep, into the bone by means of Hey's saw. Full antiseptic precautions were adopted. The temperature never rose above normal, and the wound healed in eight days. One month later, the boy felt quite well. *Case* 2.—A woman, aged 28, injured her right leg by a twist eight years before. Dull aching, worse at night, and swelling over the upper third of the tibia, without superficial inflammation, indicated ostitis. Linear osteotomy was performed as in the last case; and when seen two months afterwards, she was quite well. *Case* 3.—S. P., aged 29, when ten years of age, fractured the right forearm at the lower third. Five years ago, she began to suffer from pain at the site of the old fracture. When she was seen by Mr. Atkinson, there were the ordinary signs of ostitis over the lower third of the ulna. Linear osteotomy was performed, the periosteum being very thick. In three weeks, she was discharged well. Mr. Atkinson said that he had brought these cases forward for three reasons. (1) All three having occurred in his wards within a few months seemed to suggest the opportunity for remarking upon the usefulness of a treatment which was not so often practised as it might be. (2) Painful swellings of long bones occurring at some distance of time after the injury which gave rise to them, were perhaps too often regarded and treated as periostitis, whereas almost always the pain and swelling were due to inflammatory changes in the bone itself, which was relieved by free incision. (3) Occasionally, as in the last case, where the periosteum was the chief seat of disease, the fullest trial of internal treatment failed to benefit, while linear osteotomy seemed to give prompt and permanent relief.—*Brit. Med. Jnl.*

The Use of Hodge's Pessary in Fractures of the Lower Jaw.—Dr. W. J. Naismith (*Lancet*) describes a fracture of the lower jaw at the symphysis, with a transverse wound two inches in length over the mental protuberance. The fragments of the jaw were freely movable, and it was desirable to apply an apparatus which would fix the bone in place immovably, and at the same time allow the wound to be dressed. Accordingly, a Hodge's pessary was brought into use, by bending it so as to allow the chin to protrude through its ellipse. One bar was moulded so as to support the fracture anteriorly, the other steadied it from below, while the rounded ends afforded admirable lateral pressure on each side, at a point in front of the angles of the jaw. To the rounded ends of the pessary tapes were sewn, two on each side, over the padding, and secured over the head, or to a fillet, and around the neck by small buckles. For fractures of the inferior maxilla at or near the symphysis, with or without wound, the Hodge's pessary seems well adapted. It can be bent to fit any size of jaw, and in the qualities of comfort, lightness and coolness compares very favorably with the solid, cumbrous appliances included under the head of moulds.—*Jnl. Am. Med. Ass.*

Absorption of Carbolic Acid.—Dr. A. B. Ball reported a case of poisoning by a very small quantity of carbolic acid. The patient, a boy fourteen years of age, had been operated on by Dr. Sands for empyema, a free opening for drainage having been made under Lister spray, and a peat dressing applied. Three weeks before, when the peat-bag was received from Germany, it had been sprinkled with carbolic acid, and at the time of its application retained a slight odour of the acid. On the morning following the operation, Dr. Ball found the boy's mother in great consternation over the almost completely black appearance of the boy's urine. No other symptoms of carbolic-acid posioning were noticeable. As it seemed very improbable that the discolouration of the urine was due to inhalation of the carbolic-acid spray, the peat-bag was suspected, and was found to have a faint, but distinct, odour of the acid. After removal of the bag, the dark colour of the urine disappeared entirely within the next twenty-four hours. On the establishment of the drainage-opening, air had entered the pleural cavity freely with each inspiration, and thus air, which had been carbolized by passing through the peat-bag,

had been presented constantly to a large absorptive surface.—*N. Y. Med. Jnl.*

Treatment of Buboes.—M. Kempen recommends multiple punctures with a lancet, plunged deeply into the bubo. The punctures should be made early. The result is very gratifying; in many cases, even before pus forms, the inflammatory tension disappears, and resolution proceeds rapidly. In case pus has formed, it is pressed out, and an injection of a 1-12 solution of chloride of zinc made into the bubo. A dressing of dry charpie is used.

When the bubo has already reached the suppurative stage, it is punctured as in the above-described manner, but not freely incised, and after being thoroughly washed with carbolized water, two-and-a-half per cent., the solution of chloride of zinc is injected, and dry charpie applied as before.

The dressings are used three times a day.—*Med. News.*

Midwifery.

Jungbluth (Aix-la-Chapelle): On the Treatment of Placenta Prævia.—As a general principle, says the author, the membranes which cover a fœtus should not be ruptured until the os is nearly or quite dilated. Theoretically, this is true in cases of placenta prævia, but practically it is not always so, since hasty delivery, according to most recent writers, is requisite *whenever* the bleeding becomes dangerous. Much of such teaching, however, is based upon the mistaken hypothesis, that in placenta prævia an effective stoppage of hæmorrhage can only be accomplished by the emptying of the uterus, without regard to the fact that other dangers which threaten both mother and child are slightingly passed over as unavoidable ills of lesser magnitude. Dissatisfaction with methods in vogue induced the author to adopt the plan of treatment which he describes in this paper. The following advantages are claimed for his method: (1) uniform simplicity in adaptability, and absence of danger in all cases of placenta prævia centralis and lateralis, only those cases being excepted which continue to the fourth month of pregnancy and then suffer abortion; (2) immediate and permanent stoppage of hæmorrhage during the period of active pains, until the os uteri is completely dilated, and avoidance of post-partum hæmorrhage: (3) preservation of the fœtal envelope until the os is entirely dilated, avoidance of rupture of the cervix, and facilitation of turning and extraction of a living child in cases in which such an operation is necessary: (4) maintenance, and even improvement, of the powers of the parturient woman, from the moment in which treatment begins, and lessening of the danger of collapse from anæmia of the brain at the moment of the child's birth, an accident which frequently threatens. The potent means for accomplishing this consists in nothing more nor less than the efficient tamponade of the cervical canal with sponge tents. In spite of the almost universal prejudice against these instruments, the author claims that they can be so made as to be perfectly aseptic. The method is as follows: A portion of fine-mesh sponges, of different sizes, is beaten thoroughly with a wooden hammer, and then washed for eight or ten minutes with a two per cent. solution of hypermanganate of potash. The washing is repeated in a two per cent. solution of binoxalate of potash until the mass has assumed a yellowish-white appearance, and until no sediment remains in the solution. Finally it is washed in distilled water, until the addition of limewater fails to give an oxalic acid reaction. This method will also entirely remove the peculiar odour of sponge. The mass is then soaked for two days in a five per cent. solution of the purest carbolic acid. The separate sponges are next squeezed two or three times in a ten per cent. solution of the best white gum arabic, and are strung lengthwise upon a piece of tin wire. Carbolized thread is then wound around them, and the wire is removed. They are next dried in a warm place, between leaves of blotting paper, and when absolutely dry, the surrounding thread is removed. Sponges thus prepared were found to be thoroughly aseptic after the most careful and accurate tests. Before they are used in a case of placenta prævia, the vagina and vulva are first disinfected with a warm two per cent solution of carbolic acid. All clots are removed, and one or more tents, according to the nature of the case, are thrust sufficiently high into the cervix, and are allowed to remain, on an average, from six to eight hours. Should hæmorrhage occur within

an hour after the introduction of the tents, they must be replaced by others which will more effectually close the canal. The patient will be gaining strength while dilatation is going on, with rest and freedom from hæmorrhage. After the tents have accomplished their work, the dilatation must be continued by means of others, with the same antiseptic precautions, which are to be retained from four to eight hours. Two series of tents will usually be sufficient, but a third should be employed if necessary to cause full and complete dilatation. After this last-mentioned stage has been reached, the hand is to be passed into the womb, pushing aside enough of the placenta to accomplish this, the feet are to be seized, the membranes ruptured, and the fœtus turned and extracted as quickly as possible. The navel string being cut, complete removal of the placenta is to be effected, if nature have not already cast it off. The condition of the child will be the same, good or bad, which it was before the dilatation was commenced. When the tents are removed, usually a few clots are found in the lower uterine segment. Should hæmorrhage occur from the premature withdrawal of the tampon, the entire uterine cavity must be tamponed with three or four of the larger sponge cylinders, and, after six or eight hours, these may be withdrawn, one by one, the process being always preceded by disinfection of the vagina. The foregoing applies equally well when the placenta is central, and when it is lateral. If the head should present, after complete dilatation, and active pains exist, nature may accomplish the delivery, turning not being requisite. Frequent doses of ergot are useful to anticipate contingencies, and it should be given, if in the powdered form, in doses of eight grains. A detailed report of seven cases follows, in which the author carried out his method with perfect success. All the mothers recovered, three of the children were either dead at birth, or died within a few days. The history of these seven cases is an interesting study.—*Am. Jnl. of Obstet.*

The Prevention and Treatment of Puerperal Fever.—(Dr. Fordyce Barker, M.D., LL.D.)—Dr. Barker before reading his paper (*Med. News*) alluded in justly complimentary terms to the orator, Dr. Thomas, whose paper they were about to discuss. He said that its authority, its earnestness, and sincerity, and its colouring of being based on experience and observation instead of being deduced from preconceived theory gave the paper a plausible appearance of scientific truth, which would secure its acceptance without question by many. The more eminent the author of errors, and the more admirable the artistic merits of a paper promulgating such errors, the more necessary it was to meet such errors boldly and refute them promptly.

In the paper which we are now to discuss, the author distinctly avows his belief, without any qualification, that "puerperal fever is puerperal septicæmia," and that "it matters not whether it assume the form of metritis, phlebitis, cellulitis, peritonitis, or lymphangitis, the essence of the disorder is a poison, which is absorbed into the blood of the parturient woman through some solution of continuity." Not only the sentence quoted, but the whole tenor of the paper must convey to the unbiased mind that it is the well defined opinion of the author that metritis, phlebitis, peritonitis, and cellulitis are never seen in the puerperal woman except as the result of an initial lesion, which permits the absorption of a specific poison through the parturient canal, either from the atmosphere—or from direct infection by doctors or nurses from neglect or carelessness—or other agents brought in contact with the sexual organs.

The tendency to this pathological view has been rapidly growing within the past few years, as a result of the enthusiastic interest excited chiefly by the important investigations of our German co-workers, who have so zealously studied the character and effects of the micro-organisms in puerperal women *in hospitals*. In several of the most recent and the most excellent systematic works on obstetrics, I have observed that nothing is said of the various local phlegmasiæ which are liable to arise in puerperal women as a consequence of parturition, and that they are only alluded to in connection with the subject of septicæmia. This seems to me a very grave omission, which must seriously embarrass young obstetricians, who consult these works for information when normal convalescence is interrupted by any of the local inflammations. No one, as yet, has maintained that the process of parturition and the puerperal state exempt a woman

from those causes which induce local inflammation in the non-puerperal, or will deny that the process of parturition, and other attendant conditions besides the absorption of septic poison, may be the efficient cause of local inflammation; and I here state my conviction that in private practice, when there is no epidemic influence, twenty cases of local inflammation, due to such causes, will be met with where one will be found due to septic absorption.

It is hardly necessary to say—as I have before expressed the same opinions in a work published some years ago—that I am entirely in accord with the author in his preliminary remarks as to the peculiarities in the system of puerperal women. I suppose that all educated men now know that the blood of a pregnant woman is in a state of hyperinosis, and that, as a rule, "her nervous system is in a plus state of sensitiveness and excitability, and influences which are very controllable in the non-puerperal state produce very evil results here." But it is very evident that in certain points our opinions are wide apart. He regards certain conditions, which always are found following normal labour, and always occur in normal puerperal convalescence, as pathological, but which I believe to be purely physiological.

The ancients believed in the poisonous nature of the menstrual fluid. But on the evening of December 6, 1883, in this Academy of Medicine, I first heard the full evolution of this doctrine clearly enunciated. The lochia are described as an offensive fluid, made up of dead and decaying animal tissues, which poisons freshly made, unprotected wounds.

Can it be true that the process necessary for the birth of the human race is always attended with the development of a deadly poison whose malignant effects must inevitably prevent the spontaneous and kindly healing of such little traumatisms as always result from the process, and that, therefore, it is the duty of the accoucheur to take preventive measures of the character proposed? Does every parturient women, in performing the function of maternity, like the scorpion, that carries in its tail an agent for suicide, if death is threatened by fire, physiologically generate an equally fatal poison in a corresponding locality, which the obstetrician must guard against by means that are most inconvenient, alarming, and not altogether free from danger?

I do not intend now to examine the question, which I have before discussed very thoroughly, and my views have long been published, whether there is not a distinct disease, most appropriately denominated puerperal fever, when, if there be any septicæmia, it must be a consequence of a primary disease, and not a cause.

All we know of any disease is derived from the study of its etiology, its clinical phenomena, and its anatomical lesions. The epidemic disease to which I have just referred differs in all characteristic points from what is known as septicæmia. It differs in its origin, its modes of attack, its symptoms, and its anatomical lesions. The symptoms are frequently manifested a day or two before or even during labour, even when the child is subsequently born alive. In septicæmia the symptoms are never observed before or during labour, except when the fœtus is putrid. The former disease, puerperal fever, originates from epidemic causes, and from contagion and infection. The latter, from nosocomial malaria, from autogenetic infection, and from direct inoculation. Can a woman after childbirth be exposed to the danger of receiving the poison which produces septicæmia in larger doses than when she has retained in her uterus a portion of putrid, decomposed placenta? Yet I do not believe there is a single person who has had considerable obstetric practice for twenty years who has not had more than once to remove portions of a putrid placenta which has been retained for days, and the patient has had no disturbance of such severity that he would call it puerperal fever.

Before leaving this part of the subject now under discussion, I shall briefly allude to one other point, which strikingly illustrates the difference between puerperal fever and septicæmia. I think there can be no doubt that the majority of the profession believe that all those causes of nosocomial malaria, such as aggregation, bad ventilation, contact with septic material, etc., which have a tendency to induce septicæmia in surgical cases, have an equal tendency to develop the disease known as puerperal fever in women recently confined. But this does not prove that the diseases are identical, for I think there is abundant evidence that, while these causes are always

requisite for the development of surgical septicæmia, puerperal fever may be very epidemic when these causes are wholly wanting.

In the early months of 1873, puerperal fever prevailed in the best parts of the city, and in that class of society possessed of abundant means and living under as good sanitary conditions as are possible in any large city, to a degree and extent here unknown for the previous twenty-five years. The deaths from this disease in the hospitals, and in the wards of the city where the poor are aggregated, were much less than in many former years. While in the wealthy wards the death rate was very large. In other words, I may say that during this period, in those wards of the city where the causes of septicæmia must have existed in the greatest abundance, the mortality was nearly one-third less from puerperal fever, in proportion to the population, than in the best parts of the city, where these causes of septicæmia could have existed only in a very limited degree.

From all these considerations, I think that if all the knowledge of this disease be derived from authors who have studied it in hospitals exclusively, it will be limited and one-sided, and the deductions, both as to its pathology and treatment, must in many instances be erroneous and unsafe. Especially must this be the case with those whose well-deserved eminence as operators compels them to be brought in frequent contact with surgical septicæmia, and to witness the terrible results which this produces after the most skilful performance of such operations as laparotomy and ovariotomy. Indeed, one can hardly understand how such a surgeon, who accepts the theory and believes in the necessity of such a prophylaxis and such treatment as are insisted upon in the paper under discussion, would ever dare to enter the room of a puerperal woman.

There are many other details in this connection which I am tempted to discuss, but these will doubtless receive due attention from the speakers who will follow me. I shall, therefore, content myself by expressing an opinion which will surprise many who have been carried along by the popular wave of the septic theory as the initial cause of most of the puerperal diseases. My conviction is strong, based partly on individual experience, but chiefly on a careful study of the clinical midwifery reports of private practice and all the literature of the subject in my possession—and this is very full as regards the English and French languages—that, outside of hospitals, less than two per cent. of the deaths after childbirth, are due to septicæmia. There are no statistics of private practice which demonstrate the error of this opinion. The belief of the septicæmists that terrible dangers threaten every woman in childbirth is based wholly on theory. Because the maternal system has certain peculiarities differing from its normal condition—because the lochia is a poisonous fluid—and because there is always a certain amount of traumatic lesion in the parturient canal following parturition, every child-bearing woman incurs a most hazardous risk. This is a blunt statement of the argument and its deductions.

The limit of time which, in justice to others who follow, I have allowed myself will permit but a very few remarks on "the prophylactic measures which should be adopted in all midwifery cases, whether they occur in hospital or in private practice," as the author of the paper distinctly avows. If "she who is about to bring forth" must "be treated as one about to go through the perils of a capital operation;" if all those preparations, so definitely enumerated, which gynæcological surgeons insist upon previous to an ovariotomy or a laparotomy, are necessary in ordinary labours; if the danger from childbearing be so great that a wise and prudent obstetrician is justified in subjecting his patient to the hazardous depression of intense anxiety and fearful doubt as to results, and in surrounding her with the vivid apprehension of her family, instead of stimulating and cheering her with the great happiness of maternity and the hope of increased interest and love from her husband; if all or even a considerable part of the details mentioned are necessary "to save thousands of lives which are now lost," and to spare "thousands of desolate households the sorrow of losing their female heads"—then it seems to me evident that the State should make childbearing a penal offence for all those families who do not have a sufficient annual income to make it possible to carry out all these requirements.

The description given of puerperal fever,

true as it may be, in its outlines, of the septicæmia which gynæcological surgeons are so often forced to encounter, I think, will strike obstetricians familiar with the disease in the lying-in chamber as the ideal picture of a poet, differing as much from the scientific description of trained clinical observation as the pictures of natural scenery by a Byron or a George Sand would differ from a scientific description of a mountain or a lake by Humboldt.

As to diagnosis, I cannot regard the symptoms mentioned, even in their totality, as pathognomonic of septicæmia, as all of them are to be found in other puerperal affections, when there is no evidence of septic absorption, unless with the author it be assumed that all puerperal disturbances are due to this cause alone. It is made an important point by the author to determine whether "the septic disease which is developing has originated in wounds situated between the os internum uteri and the vulva, or in the endometrium, above the former point." He says that "usually the question has to be decided by the efficacy or inefficacy of frequent germicide vaginal injections in bringing down the temperature and controlling other grave symptoms."

Now, I look at this subject from an entirely different point of view, and, as I have not the time to examine in detail the treatment inculcated in the paper we are now discussing, I must be content with the expression of my convictions by a few general propositions.

In puerperal fever, as met in private practice, we have to treat the *consequences* of some form of blood-poisoning. This may or may not be septic poisoning. In private practice, I think it generally due to some occult, possibly atmospheric, epidemic influence; in hospital patients, nosocomial malaria, often associated with septic poisoning.

No treatment which interrupts the normal physiological processes—such as the retrograde metamorphosis of involution, the fatty transformation of the component fibres of the uterus, or the cicatrization of its internal surface by the exudation of organizable lymph, and the development of a new layer of mucous membrane, or the healing of traumatic lesions—can be justified, unless positive symptoms, now well understood in science, demonstrate their necessity.

Antiseptic injections, both vaginal and intrauterine, are of great service when the indications for their use are clearly shown by local signs or general symptoms, but they cannot be recommended with safety as a routine practice on theoretical grounds, as, for obvious reasons, they may be most detrimental in retarding the cicatrization of lesions and the other processes of normal convalescence, and are otherwise dangerous.

I shall only add a few words in regard to refrigeration as a means of reducing fever in puerperal diseases. I have no question that it may be useful in some cases, but my own experience in this method of treatment has not been favourable. Cold will effectively and usefully reduce the temperature in active inflammations and acute fevers, but in adynamic diseases and in hectic fever this must be attended with a rapid waste of tissue more dangerous than the pyrexia. In three cases which I have seen with others—two a year ago and one this winter—where the coil had been assiduously kept over the abdomen, most of the time two or three days, the conditions in each were remarkably similar. The abdomen was blanched, colourless, and not sensitive to pressure; the patients all avowed that the coil gave them great comfort, but the temperature was very high in all—in one 104.3°, and in the other two 105°; the pulse was very rapid and feeble, the heart's action extremely weak, with pulmonary symptoms—such as short, rapid, shallow respiration—which caused grave apprehension that there might be latent centric pneumonia. After some discussion, I induced my friends to remove the refrigerating coil, and, in its place, to cover the abdomen with flannel saturated with the oil of turpentine, for the purpose of stimulating vaso-motor action, restoring the capillary and equalizing the general circulation. All were taking quinine in large doses. This was greatly diminished or wholly stopped, and digitalis and ammonia in full dose were substituted. In a few hours the change in each of these cases was most remarkable; the temperature was reduced from two to three degrees, the pulse was greatly lessened in frequency and increased in force, and all pulmonary symptoms, which had caused so much anxiety, had disappeared. Two of these cases recovered and are still living. The third, who had also been treated by anti-

septic vaginal and uterine injections, was apparently convalescent, when suddenly she became much worse; collapse supervened, which was found to be due to a sudden development of diphtheritic membranes, which covered the mucous surface of the vulva and vagina, the result of carelessness and dirtiness of the nurse. The patient died in a few hours.

I now ask permission to refer to a matter outside of the question of the prevention and treatment of puerperal fever, but in behalf of the "truth of history." I ask any who may feel sufficient interest, to turn to page 320 of my work on the *Puerperal Diseases*, where they will find on that and the following pages the subject of intrauterine injections fully discussed.

I shall only add that my creed to-day is fully avowed on page 476 of the book to which I have before referred, and, unless in the future I learn new facts and new arguments to change my faith, I shall "die impenitent."

In conclusion he stated that in the early part of his career he used antiseptic vaginal injections. This practice he had kept up until within the last three years, when his ideas had changed in consequence of remarks heard at the International Congress at London. After his return to New York he had first reduced the strength of his carbolic solutions and finally gave up using vaginal injections altogether, unless in consequence of some special condition.

Parovarian Cysts.—Dr. W. Goodell, exhibited two cysts of the parovarium. In commenting upon these specimens, he remarked that both patients got well; he, indeed, had never lost a patient from whom he had removed a parovarian cyst. In both cases, a correct diagnosis was made previous to the operation. One interesting diagnostic point was the complete absence of the *facies ovariana*. The colour in the cheeks was good, and the countenance was free from the anxious expression present in cases of ovarian tumour. One tumour had existed for ten years, the other for one. Another important point in the differential diagnosis is not only the flaccidity of the tumour, but its variable degrees of flaccidity. Upon inspection, it is seen to reach to the sternum, and seems to occupy a large portion of the abdominal cavity, but, when the hands are placed upon its sternal edge, it can be compressed to the level of the umbilicus. An ovarian cyst, on the contrary, is hard and incompressible. Exceptions to this rule are very rare,—that is, either a tense parovarian cyst or a flaccid ovarian one. A third important distinguishing point is the long time—ten years in one case—which the tumour existed, and, further, without marked deterioration of health. After being tapped, these tumours usually refill, but occasionally they do not, and a cure is thus brought about. The fluid withdrawn has been in every case limpid, and generally colourless, but it has sometimes had in his experience an emerald tint. These tumours are generally free from serious adhesions, but if in an operation for the removal of one, adhesions should exist, where for any reason their forcible separation would be unadvisable, or the cyst were intra-ligamentous, he would not hesitate to leave the adherent portion of the cyst-wall, or the whole cyst itself, after making a big hole in it, as the fluid it secretes is bland and unirritating to the peritoneum.

Any one examining one of these cysts for the first time would consider it to be of ovarian origin; for it is only by patient search that the ovary can be found spread out over the cyst-wall. The microscope will decide with certainty in any otherwise doubtful case. The tumour is covered with a beautiful net-work of veins.

When a cyst of the parovarium exists on one side, the ovary of the opposite side is usually found to be diseased, and should be removed. In these cases, the remaining ovary was seen to be enlarged, and the site of a small ruptured cyst was pointed out. The fallopian tube was also enlarged, and the terminal vesicle of the fallopian tube, or the hydatid of Morgagni, was enlarged and cystic. This vesicle sometimes attains the size of an orange, and often ruptures spontaneously without any bad effects. A few years ago, one of these small cysts ruptured while he was making an examination of the patient to ascertain its character.—*Philadelphia Medical Times.*

Gelsemium in After Pains.—Dr. Holt (*N. Y. Med. Jnl.*) recommends the fluid extract of gelsemium, in doses of a fraction of a drop, frequently repeated, in severe after pains. In one case where he had used it relief had been prompt and decided.

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, MARCH, 1884.

SANITARY LECTURES AT THE CANADIAN INSTITUTE.

Beginning on the evening of Tuesday February 7th, and continued on the following Tuesdays a course of popular Lectures on Sanitary Subjects was delivered by members of the Provincial Board of Health at the Canadian Institute on Richmond street. The first lecture of the course, on "Preventable Waste of Life, Health and Wealth" was given by Dr. Oldright, the President of the Board of Health, to a large and influential audience in the Library of the Institute. The subject was treated in the happy and lucid style usual with the lecturer. The ensuing week Dr. Cassidy thoroughly investigated the Ventilation of Public Buildings, with particular reference to the air breathed by our school children. The last lecture of the course was given by the Secretary of the Board of Health and was upon "Our Zymotic Diseases, where they are and why."

The people are to be congratulated upon the progressive and appreciative spirit of the Canadian Institute, which induced them to inaugurate this course of lectures; and the thanks of the public should be extended, to those members of the Board of Health who evinced their zeal for the public welfare by consenting to give the interesting lectures referred to.

Habits formed by a long period of freedom from or ignorance of danger and disaster, require a corresponding length of time for radical change. Much time, labour and patience are necessary to teach old dogs new tricks. The people must be taught the positive advantages that result from the applications of science to the laws of health. And they must be warned of the no less positive disaster which attends the neglect or infringement of those laws. The education of the present generation is being carried on by lectures such as those we are discussing. The education of the rising generation is an easier matter, yet requiring diligent care and anxious circumspection. The Board of Health, at the request of the Government, are preparing a manual of hygiene for use in our schools. When the principles of sanitary science are thus early inculcated many of the difficulties incident to the present time will have passed away, and the seeds now being sown with tedious care and anxious solicitude will bear fruit an hundred fold, and the labours of future sanitarians will be lightened. The happiness of the individual will thereby be increased. The wealth of the community materially augmented.

BODY SNATCHING.

There is abundant evidence that regulations are needed in the Republic south of us in order to insure an equable supply of anatomical material. Complaints arise from Chicago, Detroit, and other places, of the scarcity of this necessary appanage of medical schools. Heretofore, the quiet homes of the dead have alone been invaded by the sacrilegious hands of the resurrectionist; but now-a-days, the living have cause for fear. A story comes to us from Ohio, that a family of three persons were living together in a comfortable house—the building was consumed by fire, and vain search was made for the bodies of the three persons who were supposed to have perished in the flames. That this was not the case, however, was demonstrated by finding their bodies in the dissecting rooms of the Ohio Medical College in Cincinnati. Each body

bore evidence of violence as the cause of death. Considerable excitement ensued on this discovery, and some arrests were made. The impression is that the murders were committed for the sake of selling the bodies to the schools, and arson probably added to conceal the crime.

Whether this be a true tale or merely a sensational report, it is some indication that the medical schools have been driven to clandestine methods of acquiring their anatomical material. In Canada, we have not reached that stage of dire necessity, and it is to be hoped that we never will. Our Anatomy Act, such as it is, though its wording allows frequent evasions of its conditions, has yet been sufficient to satisfy the pressing needs of our schools. But the increasing size of our classes has created a demand for a larger number of subjects, and perhaps the improved methods of teaching and examining compel the use of the subject for demonstrations, and consequently limit the supply available for the ordinary purposes of dissection.

UNIVERSITY BANQUET.

The recent Annual Banquet of the University of Toronto, February 15th, was probably the most brilliant and successful educational gathering of the kind ever held in Canada. The speeches delivered were far above the average in point of merit, and showed a thoroughly earnest desire for the continuous advancement of higher education in Canada.

Among those present were Dr. Aikins, President of the Toronto School of Medicine; Dr. Geikie, President of Trinity Medical School; Dr. Walker, of Port Dover; Dr. MacLellan, of Trenton; Dr. Beemer, of London; Dr. Aiken, of Weston; Dr. Burt, of Paris; Dr. Nelles, of Thornhill; and the following from Toronto—Drs. Canniff, Chas. O'Reilly, Cassidy, W. T. O'Reilly, Thorburn, Bryce, Reeve, Geo. Wright, Pyne, Ross, White, Fulton, Sheard, Davidson, W. T. Stuart, Oldright, McFarlane, Adam Wright, Britton, Cameron, Spencer, Beaumont Aikins, S. Stewart, Ball, and Buchan.

Drs. Aikins and Geikie responded for affiliated Colleges. Dr. Cameron was one of the Vice-Chairmen.

COUNCIL EXAMINATIONS.

The Final Written Examinations of the College of Physicians and Surgeons of Ontario will commence at 9 a.m., Tuesday, April 1st, in Toronto and Kingston. The Final Oral Examination will commence in Toronto on Tuesday, April 8th at 10 a.m.; in Kingston on Thursday, April 10th, at 3 p.m.

The Primary Examination will commence in Kingston on Friday, April 11th, at 3 p.m.; in Toronto, on Monday, April 14th, at 10 a.m.

The Cartwright Lectures.—Professor Burt G. Wilder, M.D., of Cornell University, delivered these lectures this year. The general subject was "Methods of Studying the Brain." The lectures appear in the *New York Medical Journal* and are well worth careful perusal. Although from Dr. Wilder's previous writings one is inclined to be fearful of meeting with strange and unfamiliar terms, they do not occur in such profusion as to bewilder the reader and a little extra thought will serve to overcome the difficulty. In addition Dr. Wilder promises in his closing lecture to offer some considerations respecting the employment of these foreign looking descriptive terms. During the delivery of the lecture, cards were handed around, containing the unfamiliar terms with their more common equivalents.

The *Sanitarian* has resumed its mensual appearance. The February number contains some interesting and instructive articles. We would join our voice to those who have advised the Editor to have the leaves of his journal cut.

The *Quinologist* has ceased publication with its February number.

The Establishment of a State Examining Board for New York.—The State Medical Society of New York, at its recent annual session had two bills under consideration with this object in view. The matter was very thoroughly discussed and it was deemed unadvisable to press any specific measure upon the Legislature at present. A special committee composed of the Committee on Legislation and Dr. Loomis Dr. Vanderveer and Dr. Curtis was appointed to report a bill at the next annual session. The difficulty appeared to depend upon the school men who feared that their rights and privileges were about to be infringed.

The British Medical Association have organized a scheme for relief to suffering medical men, under the title of the Medical Sickness Annuity and Life Assurance Society. It has been registered under the Friendly Societies Act. The Society is in good hands, and has fair prospects of becoming a success, and accomplishing much good. J Milner Fothergill, in the *Phil. Med. Times*, cannot help acknowledging its usefulness; nor can he repress the sneer that flows from his pen as he writes the grudged encomium.

The report of Dr. Rolph Lesslie's death in a battle in the Soudan, which saddened many readers of the secular press, we are pleased to learn is untrue. He had at the time of his reported death just returned to London from the Congo River. Dr. Armand Lesslie, who was the companion of Dr. Rolph Lesslie, and Dr. Kirkpatrick, in the Red Cross Society, in the Turkish war, was the unfortunate cause of the rumour.

It is said that an unknown benefactor of McGill College, Montreal, intends presenting that University with a new building, for the purposes of a Faculty of Applied Science.

Some time ago a whale was stranded on the coast of Scotland. The carcase was purchased by a party, (doubtless a native of the place), who advertised that it was to be disemboweled under the superintendence of Professor Strothers. The astute owner of the whale erected a platform, and charged a sum for admission to see the *savants* at work, and engaged a band to play selections while the scientists worked.

Some damage was done to the office of the British Medical Association, in the Strand, on the 30th January, by a fire in an adjoining building. The room occupied by the compositors of the journal and the editor's room were injured, but no serious loss occurred.

The *Planet* has shed its effulgence upon our table, and its scintillations (in brackets) have lightened the reports of the New York Medical Societies. The old code flag now floats from the *Planet's* pole. The opponents of that code had better keep their weather eye open.

The Medical Society of the State of New York, appointed as delegates to the Canadian Medical Association, Drs. L. E. Felton, C. M. Wilson, C. Sawyer, F. C. Curtis, and D. V. O'Leary; and to the Ontario Medical Association, Drs. H. R. Hopkins and L. Howe.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

December 20th, 1883.

The President, Dr. Graham, in the chair.

The minutes were read and confirmed.

Dr. Burnham and Dr. Nattrass were elected to membership.

Dr. Nevitt exhibited a case of skin disease. W. D., æt. 56, temperate and cleanly in his habits; never had syphilis; eight years ago noticed a rash appear on the legs, accompanied by great itching especially at night: there was a little watery discharge from each patch, at first, but afterwards it was not noticed. The disease became general,

spreading over the back, belly, shoulders, and arms. The face was free from it. The trouble continued for seven years, with periods of comparative rest; it was better in winter; in summer the profuse perspirations brought on by his labour, wood-chopping, seemed to aggravate the itching. For sixteen or eighteen months he has been free from it. Three months ago after a profuse perspiration the rash again appeared just as before. The skin was torn by the nails, especially on the outer sides of the thighs, on the belly, and on the back of the neck, and between the shoulders. A small papular eruption was present between the blood-scabbed tubercles. Treatment had been varied and unsuccessful.

Dr. Graham thought it was a papular eczema, and advised the application of ung. hydrarg. ammoniat. dilut.: and ung. zinci. oxid. Oil of cade might be serviceable and for the prurigo a dilute solution of soda bicarbonate.

Dr. Cameron mentioned a case of herpes zoster, commencing on the hand and ascending towards the trunk. He asked if this had often occurred in the experience of the members of the Society.

Dr. Nevitt thought it usually began centrically and advanced towards the periphery.

Dr. Davidson exhibited a pair of lungs, also a fibrinous mass which had been removed from the uterus. A portion of the tumour from the uterus was found to consist of a mass of red blood corpuscles with interlacing bands of connective tissue, a section from another portion of the tumour presented all the appearances of laminated fibrin. Dr. Davidson cited a case from Velpeau's surgery which closely resembled this in its clinical history. It was called a fibrinous concretion or simple clot of indurated blood; a new variety of polypus resulting from some discharge of blood engrafting itself upon the neck of the uterus and ultimately becoming organized.

Dr. McPhedran asked if it was necessarily fibrin, or was it membranous.

Dr. Davidson felt sure it was fibrin. The secundines all came away in the abortion. He had given ergot.

Dr. Cameron thought it might be a polypus from its well organized structure, and because at that stage of an abortion such a mass would seldom be found. The absence of a pedicle did not prove it was not a polypus, as separation may have occurred.

The specimens were referred to the Microscopical Committee.

Dr. Cameron exhibited a fœtus between the second and third month of utero-gestation. The interest of the specimen resides chiefly in comparison with one presented at the last meeting. The patients both menstruated for the last time about the middle of September, both progressed normally for the first two months, and then began to suffer from rachialgia and uterine colic followed by hæmorrhage. This lasted in both cases for a month when the gestation terminated, in the former case through the use of the sound and curette owing to the urgency of the symptoms and the other by spontaneous expulsion of the fœtus. Strange to say, in the case of instrumental interference the ovum was expelled entire; in the case of natural extrusion the amnion was ruptured, the fœtus and a considerable portion of the umbilical cord escaped followed after the lapse of several hours by the sac and placenta. The ova were of equal size in the two cases, but in the former, the fœtus was not one third as large as the latter. There was less subsequent hæmorrhage and lochia in the instrumental case and a better immediate recovery. A month later, owing to indiscretions in the way of exercise and exposure to cold, a mild parametritis developed in the former case, and the latter has not been free from symptoms, probably the result of rekindling of a former phlegmon in the pelvis.

Dr. Carson thought a month a long time to allow the hæmorrhage to go on. If in four or five days it did not cease, he would proceed to empty the uterus.

Dr. Macfarlane in his practice rarely used instruments, but gave ergot for two or three days and waited. He thought if the finger was introduced all would come away.

Dr. Macdonald considered the abortion justifiable. He thought the only question was as regards the means. He plugged with carbolized cotton and afterwards syringed with carbolized water. The plug was left in for twelve or twenty-four hours. He had generally found this plan efficacious.

Dr. Cameron said that he had used ergot for ten days, and also hot water injections. He considered the use of the dull curette harmless; he plugged after its use; the plug came away in two hours. In this case he had thought there was a fibroid he

had passed a sound for five inches, and applied Churchill's iodine.

Dr. Cameron also showed a fleshy mass four by three inches, a portion of a cancerous uterus removed a few days ago by Dr. U. Ogden, in the Toronto General Hospital, by means of the wire ecraseur, and Paquelin's thermo-cautery, and the curette. The patient is a Yorkshire woman, forty-one years of age, and the mother of fourteen children; three of whom were born within 370 days. Three months ago, when eight months pregnant with her last child, she was seized with hæmorrhage, not having presented previous symptoms of any trouble in the organs of generation. Dr. Wilcock, who was called, finding a soft bleeding mass in the site of the cervix, suspected placenta prævia and called in Dr. Machell. On making a more thorough examination it was discovered to be a malignant growth and styptics were successfully applied. On further consultation, it was determined to allow gestation to proceed to term which it did successfully when Dr. Wilcock delivered the patient by means of forceps of a full grown, living and healthy child. Two months later the woman was admitted into Toronto General Hospital, under Dr. Ogden's care for operation. During the operation the circular artery was twice tapped and considerable blood was lost, so that at its completion the patient was very faint and exsanguine. Autotransfusion by bandaging and elevating the legs was practised, and ether and brandy administered hypodermically, and warm milk given *per orem;* under which treatment the patient rallied nicely and progressed favourably. The subsequent treatment consisted in removing the vaginal packing of carbolized absorbent cotton and the subsulphate of iron plugs on the fifth day, the application of a strong solution of chloride of zinc (℥ vi. ad. ℥ i.) to the stump together with repacking of the upper portion of the vagina with absorbent cotton soaked in a solution of bicarbonate of soda. The lower portion of the canal was syringed out twice daily with detergent and antiseptic solutions. Four days later the zinc plugs were removed and the vagina packed with iodoform on absorbent cotton. Two or three days later the patient returned home with directions to use two or three times daily Thomas' astringent and antiseptic lotion for such cases.

Dr. Macfarlane had been present at the operation, and judging from the extensive attachments and bleeding, thought the tumour must have grown rapidly from the time gestation began. He thought it foolish to allow gestation to go on where the tendency was to rapid growth and hæmorrhage. He would have induced abortion.

Dr. Carson had seen the operation, and thought from the extensive growth that the labour would have required to be terminated by craniotomy.

Dr. Cameron said that two lives had to be considered. At eight months the child's life was of importance; therefore, he thought Cæsarean section preferable to craniotomy. Statistics go to show that it is better to allow gestation to proceed to term. A temporary relief has been known to follow.

Dr. Macfarlane spoke of a case in the Toronto General Hospital. The patient had been a street-car driver for two years. He had suffered from pain in the lumbar region, but continued at work until five weeks before admission. Dr. Richardson saw him; applied a fly-blister, with temporary relief, and sent him to the hospital. Dr. Macfarlane found him with the right leg flexed and abducted; right kidney painful; right lumbar region measured more than the left; diagnosed peri-nephric abcess; exploring needle revealed nothing. *Post mortem* examination showed nephritis, with pus in cavity; the structure of the kidney destroyed. He promised to present a full report of the case at a future meeting.

Dr. Workman and Dr. Covernton were appointed a committee to draft a resolution of condolence to the family of the late Dr. Riddel.

The resignation of the Secretary, Dr. J. T. Duncan, was read and accepted. Dr. G. B. Smith was elected to the place rendered vacant. The meeting then adjourned.

January 17th, 1884.

The President, Dr. Graham, in the chair. The minutes were read and confirmed.

Dr. Barrick was proposed for membership.

Dr. Reeve presented a patient, a little girl, in whose left eye there was slowly progressive superficial ulceration of the whole surface of the cornea. She was first seen ten months ago, when the ulceration was very slight. He had used the actual cau-

tery, passing it rapidly over the cornea, with no beneficial result, although such treatment had been successful in two other cases which had come under his observation. The cornea was not opaque. The child is poorly nourished, although not strumous nor syphilitic. The treatment had been mainly constitutional. He mentioned a similar case which had come under his treatment, in an adult, in which, notwithstanding treatment, both eyes had been lost.

Dr. Oldright exhibited a tumour removed by Dr. Ball from a female patient. Two years before he had presented to the Society a similar tumour, trilobated, which had been removed from the same woman. At that time it was decided to be a myxo-sarcomatous growth. There had been no recurrence of the tumour until nine months ago, when it began a little higher up on the thigh, and involved the adductor muscles. Portions of the present specimen had been submitted for microscopical examination to Dr. W. H. B. Aikins and Mr. Foster. They agreed upon the diagnosis given two years ago of myxo-sarcoma. The patient was thirty years of age. The prognosis was bad.

Dr. Cameron presented the following specimens:

J. S., æt. 51.—Somewhat more than a year ago, while in seeming good health, began to pass blood in his urine. On applying to some physicians in the neighbourhood of his home, in north-west Ontario, a large, hard, painless tumour was discovered in the right hypochondrium, bulging forward, and palpable; but not bulging posteriorly, and then thought to be connected with the liver. The hæmaturia, continuing in spite of treatment by the usual remedies, he came to Toronto and consulted Dr. Temple in March last. I then saw him with Dr. Temple, and we had no difficulty at that time in tracing the connection of the tumour with the right kidney, and by exclusion assigning to it a malignant character. The microscopic examination of the urine revealed nothing abnormal except the presence in great abundance of red blood corpuscles. The patient was placed on a tonic regimen, and sent home. He returned to the city in December, to consult Dr. Aikins, who referred him to Dr. H. H. Wright, by whom he was again admitted to a private ward in the Toronto General Hospital, and with whom I again saw him. The tumour had somewhat increased in size, and become adherent to the colon which passed over its anterior margin. The hæmaturia had ceased, and was succeeded by pyuria; and no pain, vascular distension or œdema had yet occurred. An indistinct fluctuation was perhaps perceptible through the tumour. He said that after going home last March he had gained weight at the rate of half a pound a day for a short time; but subsequently lost weight again slowly. The microscope revealed only pyuria; no casts, no epithelium. A slightly cachectic tint of skin had developed. While in the hospital he contracted erysipelas of the face, accompanied by diarrhœa, and speedily succumbed.

J. C., æt. 53.—Admitted to the Toronto General Hospital, 4th December, 1883, emaciated and debilitated to the last degree. Complained of incoercible vomiting, obstipation, and tumour in epigastrium. Said that he had been perfectly well up to the 22nd of October last, on which day, when at work, he was seized with pain in the stomach and vomiting. That from that moment nothing had passed his bowels; and nothing had been retained on his stomach. Pain was not specially complained of.

On examination a well defined round swelling, perceptible alike to sight, and touch was found in the epigastric region, about the middle line, and much more circumscribed than the transverse ridge or band often produced by malignant omentum. Nothing else noticeable in the abdomen or elsewhere, except the extreme emaciation. No manifest cachexia. Obstruction of pylorus was diagnosed, and the idea of gastrotomy was canvassed with a view either to dilate pylorus digitally or remove the obstruction by section. The patient's condition, however, did not seem to warrant interference, although he was perfectly rational, and earnestly desired operation. An attempt to maintain life by rectal alimentation was made, but failed, and the patient succumbed from sheer starvation on 9th December.

Dr. George Wright had had a case of malignant disease of kidney similar to that just related only with this marked difference, that a spasmodic condition occasionally present caused severe pain followed by

hæmaturia. This pain lasted for years being especially severe during the last two years of patient's life. The pain simulated that of renal colic from calculi.

Dr. Cameron remarked that it was not uncommon to have renal colic from the passage of blood down the ureter.

Dr. Graham showed a brain removed from a patient of Dr. McCollum's with the following history: On Sunday, December 30th, was called to see Mrs. K., in consultation with Dr. McCollum. She was fifty-two years of age, energetic and previously healthy. Had worked hard during her married life. In her first pregnancy twenty-five years ago, she had albuminuria and has since that time noticed a little weakness in the right arm and leg. About seven weeks ago she fell and injured her head and back. From this she rapidly recovered. On the Friday week previous to my seeing her, she suddenly fell and noticed that she had lost the use of her right arm and leg. Dr. McCollum was summoned and on arrival found she had to a great extent recovered the use of her arm and leg. She was very hysterical, and it was thought probable that the paralysis was of that nature. On Saturday, December 22nd, she complained of headache and the paralysis became more pronounced. On Sunday she was lying in bed quite cheerful and conscious. Pulse, 90; temperature, 100°; marked motor paralysis of right arm and leg; sensation slightly blunted; no facial paralysis. January 1st, 1884, she was better; no headache, no fever, cheerful. January 6th, two days previously she had again complained of headache; paralysis of extremities more pronounced; marked paralysis of face; slight loss of memory of words; could not form a sentence. Died January 13th.

Hæmorrhage was supposed to have occurred at the time she first fell. Softening of brain then followed. There were no symptoms until five weeks after the fall. The *post-mortem* showed a clot in the left hemisphere.

Dr. Cameron asked why there should have been a tender spot over the coagulum, or on what ground except a coincidence. Headache is often caused or induced by pachy-meningitis, or meningitis.

Dr. Graham said that a tender spot was well marked, and the *post mortem* showed that it was over the site of the hæmorrhage. It may have been due to pachy-meningitis.

Dr. McPhedran exhibited the larynx and trachea of a child who had died of diphtheritic laryngitis. On examining throat there was nothing to be seen, there was no tonsillitis but dyspnœa was extreme. All of his cases of membranous croup had been diphtheritic.

Dr. Graham mentioned a case in the General Hospital which had died suddenly. The *post mortem* disclosed no cause of death. There had been a recent pleurisy and the heart was hypertrophied without any known cause.

Dr. Cameron had seen this patient in the Hospital, he was then suffering from tonsillitis with œdema. He thought it probable that he may have died of œdema glottidis.

Dr. Graham also exhibited the specimens from a case of pyo-pneumo-thorax. On opening the chest the right side was partially filled with air and bad smelling pus. Lung carnified, pleura thickened, lung cavities not tubercular. Left lung emphysematous, otherwise healthy. The cavities in the right lung he thought were due to emboli, or breaking down of lung tissue from gangrene following pneumonia. An opening existed between the pleura and lung large enough to admit his finger.

Dr. Cameron had had this case under his care in the Hospital for some time. The patient was about fifty years of age, thin and gray, suffered from bronchiectasis or bronchitis. The presence of urinary casts led him to suspect granular kidney and the lung trouble may have followed the kidney disease. The left side was resonant. He had pain in the right side, expectoration, and the breath had the sweetish odour of pyæmia not the fœtid smell of gangrene. The emboli in liver and kidney might have been secondary to the lung trouble.

The Committee appointed to draft a resolution of condolence in regard to the late Dr. Riddel, submitted their resolutions which were adopted and a copy ordered to be conveyed to the family of deceased.

The Committee of the Directory for Nurses submitted their report for the year ending December 31st, 1883. The report showed that forty-nine nurses had registered, 104 nurses had been supplied by the Directory to applicants. The receipts had been $148.50, and the expenses $124, leaving a balance on hand of $24.50.

The Committee considered the Directory had been very successful, but urged upon

the Society the need for heartier support from the profession.

The Committee were reappointed for the ensuing year, after which the Society adjourned.

January 31st, 1884.

The President, Dr. Graham, in the chair.

The minutes being read and adopted.

Dr. Barrick was elected a member.

Dr. Nevitt read a paper upon the curability of tubercular meningitis. While admitting the almost universally fatal character of the disease, modern authors likewise admit the possibility of recovery in certain cases. Dr. Nevitt gave the details of several cases which had occurred in his practice, which had been diagnosed tubercular meningitis, and which contrary to all expectation had recovered. He referred to several others coming to his knowledge in the practice of medical men in this city. The difficulty of diagnosis is sometimes great, the belief that recovery is possible modifies the hopelessness of the prognosis.

Dr. George Wright said that while the weight of authority was against the curability of the affection, he felt disposed to concur with Dr. Nevitt as to the advisability of not giving too discouraging a prognosis. Cases in which tubercle had been found in the adult brain led him to suppose that tubercular meningitis had existed in childhood.

Dr. Macdonald agreed with Dr. Nevitt in the main difficulty, diagnosis. In his experience when the disease was well marked he had none recover. He was glad somebody had come forward to combat the theory of such a bad prognosis.

Dr. Reeve quoted Dr. Albutt as saying in his work on Ophthalmology (1871), that tuberculosis was not necessarily fatal, and cited cases of recovery. Results of ophthalmoscopic examinations were valuable in diagnosis, and ought to affect prognosis, as the result could be positively pointed out in twenty-five per cent. of cases. Changes took place in the optic nerve in half the cases. Crichton Brown said that tubercular meningitis was a frequent cause of idiocy.

Dr. Canniff had entertained the prevalent belief that if a patient recovered from meningitis it was not tubercular; if he died, it was. Recommended a guarded prognosis, as were an unfavourable one given it would have a bad effect upon the patient. He thought that he would be a skilful physician who would be able to speak positively as to the result.

Dr. Graham said that about fourteen years ago he was interne in a hospital where he had frequent opportunities of making *post mortems* on children. He had found that frequently when tubercular meningitis was diagnosed the autopsy disclosed no sign of the deposit of tubercle in the brain, and on the contrary, that at times it was present when not suspected. The disease was often simulated by pneumonia. He had met with cases which had recovered although the symptoms had pointed strongly to tubercular trouble. He thought the first two cases cited by Dr. Nevitt were not probant; the third case was much stronger, and certainly might be regarded as tubercular. He was still inclined to hold the opinion that the disease was not curable.

Dr. Cameron said that the latest authorities, Bristowe, Quain, Reynolds, etc., admit the possibility of recovery. He did not understand why there should be optic lesions in the tubercular and none in the simple form of meningitis, both being inflammatory. In addition to the general symptoms, he suggested as an aid to the diagnosis the examination of the blood. In the tubercular form there is a great increase in the white corpuscles, not so in the simple. In three cases he had met with he was very positive as to a cure. In a fourth there had also been recovery with loss of intellectual power.

Dr. Carson, to show the difficulty of diagnosis, cited a case in which Professor Bennett, of Edinburgh, had diagnosed tubercular meningitis. The patient died, and the *post mortem* showed no meningitis, but in the intestines the distinctive lesions of enteric fever.

Dr. Nevitt was glad that his incomplete paper had provoked such an animated discussion. He admitted the want of a pathognomonic test, but objected to have recovery put down as a certain sign of the non-tubercular nature of the disease.

The meeting then adjourned.

Book Notices.

School Hygiene, by Chas. J. Lundy, A.M., M.D., Detroit. (Read before *American Health Association*.)

Catalogue, 1884, *Oaklawn Stud, Percheron Horses*. N. W. Dunham, Proprietor, Wayne, DuPage Co., Ill.

Fifth Biennial Report of the State Board of Health of Maryland, January, 1884, C. W. Chancellor, M.D., Sec.

Fractures of the Neck of the Femur, with Special Reference to Bony Union after Intra-Capsular Fracture, by N. Senn, M.D., Milwaukee, Wis. (Extracted from the *Transactions of the American Surgical Association* Vol. I., 1883.)

The Reciprocal Attitude of the Medical Profession and the Community.

The Anniversary Address before the Medical Society of the State of New York, at the seventy-eighth annual meeting, delivered at Albany, February 6th, 1884, by Alexander Hutchins, A.M., M.D., of Brooklyn, N.Y., President of the Society.

Vick's Floral Guide, 1884. Published by James Vick, Rochester, New York. Price ten cents.

The *Floral Guide*, for 1884, comes to us with its usual elegance. Its pages are profusely adorned with cuts of flowers and vegetables. The gardener will find the *Floral Guide* a reliable ready reference on all matters horticultural. Three attractive coloured plates enhance its value.

The Application of Nitrous Oxide and Air, or Nitrous Oxide and Oxygen, under pressure to produce Anæsthesia in persons for Dental and Surgical Operations, by Dr. E. P. Howland. (Read before the American Association for the Advancement of Science, Minneapolis, Minn., Aug. 20, 1883.)

A resumé of French operations, with Paul Bert's Compressed Air Chamber and Nitrous Oxide.

Hand-book of Eclampsia, or Notes and Cases of Puerperal Convulsions, by E. Michener, M.D., and others. Philadelphia: F. A. Davis, Att'y, 1883.

This little book professes to be a collation of the cases of Puerperal Eclampsia which have occurred during the last eighty years or more around Avondale. From this study the authors conclude that Puerperal Eclampsia has increased in frequency in late years. The causes of this increase are mainly due to the habit of tight dressing, and to the discontinuance of the habit of venesection during the latter months of pregnancy. The proposition is to prevent this increase by again having recourse to the lancet, and bleeding *ad deliquium*, "with an eye on the countenance, a finger on the pulse, and perhaps an ear on the chest."

The bleeding must be free and copious, when it not only cures the Eclampsia, but prevents its occurrence.

Wiesen as a Health Resort in Early Phthisis With directions for Clothing, Diet, and Exercise in the Swiss Alps during Winter. By A. T. Tucker Wise, M.D., L.R.C.P., M.R.C.S., 1883. London: Baillière, Tindall & Cox, 20 King William St., Strand, W. C.

The scope and purpose of this little book are well set forth in the title. It was written of Davoz Platz on the character and merits of which station the author has also published a *brochure*. It abounds in interesting and useful information, Physiological, Local, Hygienic, Sanitary and Meteorological, which will prove invaluable to those Victims of Phthisis, in its early stages, who contemplate going abroad, and to their medical advisers on whom will devolve the duty and responsibility of directing their footsteps in quest of health.

Personal.

Professor Huxley is to have a Baronetcy.

Dr. T. E. Case has removed to Dungannon.

Drs. Dolsen and Carroll have returned from England.

Dr. McMillan, of Alexandria, has been made a Dominion Senator.

Dr. Burns, of Toronto, has taken a holiday trip to the orange groves of Florida.

Dr. W. Beaumont Aikins has been appointed surgeon to the House of Providence, Toronto.

Dr. David W. Yandell has been elected an honorary member of the London Medical Society.

Dr. Marsden has been appointed Commissioner for the Marine Hospital, Quebec, in place of the late Dr. Sewell.

The Rev. Professor Clarke, of Trinity College, Toronto, preached a sermon to the medical students in All Saints' Church, on Sunday afternoon, Feb. 3rd.

Elisha Harris, M.D., of Albany, N.Y., died in February at the age of sixty years. He held the secretaryship of the State Board of Health from its organization up till the day of his death.

The following gentlemen were admitted Licentiates of the Royal College of Physicians, London, on January 31st: William Graham, M.B., Toronto; J. B. Loring, M.D., Montreal; S. W. M'Conochie, M.B., Toronto; E. R. Woods, M.B., Toronto.

Dr. McCammon was elected Mayor of Kingston by acclamation. Dr. Stewart of the same place not being satisfied with the election has carried the matter to the Courts to try and find out why there was not a ballot taken. Dr. Stewart was also a candidate for the Mayoralty.

The case of *Lennox* v. *McCammon* for slander in which judgment was reserved as to the question of privilege, and referred to a higher court. The higher court have rendered a decision in favour of the defendant. We heartily congratulate Dr. McCammon on the successful issue of his defence.

Miscellaneous.

The Comfort of Medical Students.—Speaking of the Harvard Medical School's new building, the *Medical Times and Gazette* says: "There is a spacious reading-room, a library, a coat-room, lavatories, and—a smoking room. It is indeed a new step on the part of the authorities to recognize that the student is a being with bodily frailties like themselves. Hitherto in most medical schools it appears to have been an article of belief that the student had no appetite or thirst that needed solacing or quenching; that his backbone was of iron, and his ischial tuberosities of adamant; that he could see like a bat, and flourish on carbonic acid like a bay-tree. As to his being so weakly organized as to need an occasional fillip from excisable articles—such as tea, coffee, alcohol, or tobacco—that is a notion to which many authorities still remain blind. There is another side to the question, as one of the speakers at the Boston ceremonial seemed to suspect when he quoted the lines—

'Ill fares the land to hastening ills a prey,
Where wealth accumulates and men decay.'

The appetite for comfort grows by what it feeds on, and, when we find our students lolling over their afternoon tea or cigarettes in all the luxury of a club-room, we may look back with regret to the days when theatre benches were hard and polished by long sitting, when the pipe was a surreptitious open-air indulgence, and tea was left to women."—*N. Y. Med. Jnl.*

Urinary Chemistry of Days Gone by.—"A Woman whose Husband has bruised himself, took his water, and away to the Doctor trots she, the Doctor takes the water and shakes it about, How long hath this party been ill (saith he) Sir, saith the woman, He hath been ill these two daies. This is a man's water, quoth the Doctor presently, this he learned by the word *HE;* then looking on the water he spied blood in it, the man hath a bruise saith he. I indeed saith the woman, my Husband, fell down a pair of stairs backwards, then the Doctor knew well enough that what came first to danger must needs be his back and said, The bruise lay there, the woman, she admired at the Doctor's skill and told him that if he could tell her one thing more she would account him the ablest Physitian in Europe; well what was that? How many stairs her husband fel down, this was a hard question, able to puzle a stronger Brain than Mr. Doctor had, to pumping goes he, and having taken the urinal and given it a shake or two, enquires where about she lived, and knowing well the place, and that the Houses thereabouts were but low built Houses made answer (after another view of the urin for fashion sake) that probably he might fall down seven or eight stairs. Ah, quoth the woman, Now I see you know nothing, my Husband fell down thirty. Thirty! quoth the Doctor, and snatching up the urinal, is here all the water saith he? No saith the woman, I spilt some of it in, look you here quoth Mr. Doctor there were all the other stairs spilt."—*From the English Physitian Enlarged by Nich. Culpeper*, 1655.—*N. C. Med. Jnl.*

A Facetious old dame who had reached her four-score and ten, died. On opening her last will and testament it was found that she had bequeathed to her physician, "to whose enlightened care and wise prescriptions," she owed her long life, "all that is contained in an old oak chest in her boudoir, the key to which could be found under the mattress of her bed." Fancy the feelings of the said enlightened and wise physician when he discovered, instead of the expected fortune, all the drugs and potions, still intact, which he had prescribed for the old lady (peace to her ashes!) for many years back.

The man who "threw up his hand" must have been very sick: what a 'retch!

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TORONTO, APRIL, 1884.

Original Communications.

PYURIA.

W. H. B. AIKINS, M.D., L.R.C.P., LOND.

This communication presents in brief form the manner of treating gonorrhœa, acute and chronic, as taught by the Vienna school. The major part is a translation from a monogram written by Dr. Ultzman, entitled "Pyuria and its Treatment." I had the pleasure of attending Dr. Ultzman's clinique for three months, and saw very favourable results follow the treatment he advocates. When pus is present in the urine, either in large or small quantities, the condition receives the name pyuria. It is readily understood that with the term pyuria a diagnosis only in a general way is indicated. It is one of those expressions much used in the past, but with the development of medical diagnosis these general diagnoses are rarely made. For now a more accurate diagnosis can be made not only by the aid of more precise instrumental examination, but also by the help of microscopic and chemical investigation. Pyuria indicates that there is pus in the urine, a symptom not a disease.

The treatment of gonorrhœa differs according to the location of the disease and to the acuteness or chronicity of the same, and may be divided into (*a*) that for the spongy portion of the urethra (anterior to the musculus compressor urethræ) and (*b*) that for the prostatic portion (posterior to that muscle). Acute urethritis is usually treated by means of injections, to this exception should be taken for experience has shown that in acute cases the treatment should not be local. Internal medication and the regulation of diet is of the utmost importance. On the other hand chronic suppuration should receive local treatment. Dr. Ultzman in his paper does not enter into the full details for the treatment of acute gonorrhœa, nor the uses of the endoscope, but considers the local and instrumental procedures, which he most approves in chronic gonorrhœa.

Treatment for spongy portion of Urethra. Catarrhal Urethritis.—Urethral inflammation, the result of accident, or produced by chemical influence, requires for its treatment; attention to diet, cleanliness of parts is of the greatest importance, and weak injections of alum, zinc or permanganate of potash.

Gonorrhœal Urethritis runs under favourable conditions, its course in four or six weeks; during this time the inflammation extends backwards, and ceases when no complication occurs at the musculus compressor urethræ. The treatment aims at allowing the process to run its course without complication, and to prevent the inflammation from spreading beyond the border of the compressor urethræ. If it does, very soon the bladder and other parts become involved. Individual disposition, diseased, and also senile conditions of the urinary apparatus play a great role in this relation. Frequently, it is observed, that the gon-

orrhœa in cavalrymen, who must be on duty, will run a favourable course, while in other cases, in spite of the greatest attention, most unpleasant complications take place; yet, the physician does his duty, when in addition to medical treatment he regulates with precision the manner of life of the patient.

The first gonorrhœa is usually the most painful. In subsequent attacks the inflammatory process is not so severe. On a recurrence of the gonorrhœa, it is desirable to adopt the treatment, which was previously successful. If the first gonorrhœa was complicated with cystitis or orchitis, the second and third will most probably show the same complication.

When possible the patient should remain quiet and live sparingly. If it is necessary that he be actively engaged a suspensory bandage should be worn, more particularly in the third and fourth weeks, when the inflammation is close to the compressor urethræ. A milk diet is the best; fruits and vegetables exert a favourable influence; meat must be avoided; indulgence in pickles, wines, beer, and spirituous drinks must be denied.

During the first week, if the inflammation is very severe. and the sensitiveness of the urethra great, cold applications are useful.

Internal medication in the treatment of gonorrhœa is of little value. Gonorrhœa is a local inflammation of the urethra, and not a constitutional disease, consequently, it appears that general treatment through internal medication is aimless. The use of large quantities of copaiba, cubebs, and similar remedies, is not a matter of indifference, for by the administration of these drugs the digestive system suffers, an erythematous eruption may appear, albuminuria may be produced, and epididymitis more frequently occurs after treating gonorrhœa by large doses of copaiba than in those cases where purely local treatment was adopted. Small doses are useless; the drug is too much diluted in the urine to exert a curative effect on the mucous membrane of the urethra. Large doses are hurtful; therefore, it is better not to treat gonorrhœa by internal medication, but to rely entirely on local treatment. If copaiba, cubebs, oil of sandal wood, and the other remedies of this class are thought to act so beneficially on the mucous membrane of the urethra, when in part secreted with the urine, and coming into contact with the urethra during micturition, why not choose the shorter way, and bring the remedies in direct contact with the diseased surface in the form of injection?

Acute gonorrhœa always begins at the meatus, and gradually passes backwards to become concentrated in the bulbous portion. It appears enticing to energetically push local applications in the early stages in every possible way to choke the whole process in the germ. Different abortive methods have been tried but none are to be chosen. When it is established that gonorrhœal infection depends upon a contagious micro-organism, then abortive treatment with a germicide will be in order.

If the inflammation at the onset is severe and painful, even weak astringent solutions are not well borne. In such cases injections either of cold water or a weak carbolic acid solution may be used. If the urethra is not very sensitive, mild astringent solutions can be commenced with, such as alum and zinc sulph. āā. gr. i. ad ℥i., potass. permanganatis gr. 1/24. aq. ℥i. The solutions should be used from three to six times a day according to the amount of the secretion. The patient should urinate before every injection to clear away the purulent secretion from the urethra. At first, half a syringeful of the remedy is to be injected and immediately allowed to flow away. Two to four injections can be used one after the other. Later on in the second or third weeks a syringeful of the solution can be

easily forced into the urethra and allowed to remain in for one or two minutes with the meatus closed. In the majority of cases according as the secretion and sensitiveness of the urethra indicate, the injections are to be increased to two or three times their strength and kept so till they are no longer required. Use may also be made of tannin alone or in combination with alum. Injections composed of drugs such as sulphate of zinc or acetate of lead which do not dissolve but are suspended in water have the disadvantage that the fine powder is deposited and stops the orifices of the urethral glands, and may cause small follicular abscesses. Some days after using such injections, it is observed that cylindrical plugs composed of the precipitate are discharged during micturition. It is well to use only clear and filtered astringent solutions. To prevent painful erections and chordee, it is well to prescribe bromide of potash, lupuline, and keep the bowels freely open.

When the gonorrhœa lasts more than eight or ten weeks, it is called chronic—chronic gonorrhœa consists in this, that spots on the mucous membrane do not become covered over with epithelium, but continue to secrete. Grünfeld considers that occasionally small polypoid excrescences occur when the disease become chronic. The chronic gonorrhœa process is not always confined to the superficial mucous membrane, frequently the deeper layers are involved, and when the deeper layers of the diseased parts show cicatricial changes, rigidity of the urethral wall and cicatricial contraction will take place and unpleasant symptoms follow. To aim at a complete cure, the lumen of the urethra as well as the walls of the same must be made normal. It is useless to employ simply astringents and caustics to bring about the restoration of the parts. The normal male urethra is a soft elastic sheath into which can be passed with ease, a catheter having the calibre of number 30 Charrière scale, the meatus is usually more or less contracted and may have to be divided before it allows of the passage of so large a sound. In a case of chronic gonorrhœa when the urethra is examined with a thick sound, it is found that the diseased portion is narrowed, and the large sound will not pass at all or only with difficulty. The slight lessening of the urethral lumen or the loss of elasticity of the walls of the urethra cannot be proved with small instruments, still less can it be improved; not only must the inflammatory process on the superficial portion of the mucous membrane be cured, but also the lumen and elasticity of the urethra must be brought to a normal standard. If this latter is not attended to, constant irritation of the peripheral endings of the nerves of the urethral wall results, and there arises after gonorrhœa either a neurosis in the genital region or that moisture of the urethra called false prostatorrhœa, which appears to be due to the difficult circulation of the blood in a rigid urethral wall; looking at it from this standpoint the treatment of chronic gonorrhœa by means of the thick sound is a *conditio sine qua non*. In many cases sounding alone produces a complete and permanent improvement. The sound cure is carried out in this way, to begin with small numbers and gradually increase them according to the Charrière scale, every day or every other day introduce the next largest instrument and allow it to remain in for a minute, increasing till number 27 to 30 and upwards is reached. If the sounding is discreetly performed it is observed that the secretion soon decreases. If sounding is not sufficient injections can be employed in addition, making use of them immediately after sounding.

In these cases the bougies and also the other instruments should be rubbed with glycerine and not with oil, because when the urethral walls are covered with fat, watery solutions of astringents or caustics do not come in direct contact with the mu-

cous membrane, and are therefore inefficient. The remedies can be applied in the fluid, semi-fluid or solid forms. The fluid can be made use of in the dilute or concentrated form. As an injection the dilute form is best. The so-called deep injection or irrigation of the anterior portion of the urethra should be carried out in the following manner. The patient standing, a soft catheter with calibre No. 14 (Charrière scale) having two side openings, is introduced as far as the bulbous portion, the patient holds a vessel in the right hand and the catheter in the left, slowly force the solution in by means of a hand syringe, the medicated fluid flows out from both openings of the catheter into the bulbous portion of the urethra, and on account of the contraction of the compressor urethræ cannot pass into the prostatic portion, but flows along the side of the catheter out at the meatus. The object of this irrigation is to bring the injection in its full strength in contact with the bulbous portion of the urethra, the choice seat of chronic gonorrhœa. Various astringents can be employed. The irrigation causes no pain and can be used once a day. The fluid in the concentrated form, which acts as a caustic, can be brushed on the parts. The apparatus to be used for this purpose consists of three pieces made out of hard rubber: (*a*) straight endoscopic tube; (*b*) guide for same; and (*c*), the brush. The calibre of the tube is Charrière scale 20-22. The brush is fitted with a screw movable on the shaft, and can be arranged so that the whole or only a portion of the hair of the brush will project beyond the end of the tube. To be used in the following manner: the patient lying, the straight endoscopic tube containing the guide is rubbed with glycerine and gently passed into the bulbous portion; the guide is then removed, and the brush saturated with the medicated fluid is introduced, the brush and tube are held in one hand, and being withdrawn, are rotated. This can be repeated till the bulbous portion is well brushed over. When one is accustomed to the use of the endoscope the spots can be seen before the brush is introduced. Solutions of silver nitrate gr. i. to the ounce, or a still stronger solution may be used, most frequently a five per cent. After the parts have been brushed with this solution, and the endoscope introduced, the diseased portion of the urethral mucous membrane is found to be of a greyish white colour, while on the normal part there is but slight change in the colour. The brushing can be done every second day. On its application the patients feel a slight burning, which soon passes away. Suppositories may be used; they are of two kinds, the long and short. The long suppositories are usually prescribed in order that the patients may use them themselves; the short suppositories are 2 c.m. long; they can be introduced into the deeper parts most readily when using the straight tube or the guide. They can be made either from cocoa butter or from gelatine; those most frequently made contain zinc, copper, or tannin. One can be used every day. The short suppositories should be placed in the bulbous portion when the patient is lying down. After one is introduced the patient remains quietly lying, or, if he must move around, the penis should be bound against the abdominal wall to prevent the dissolving suppository from coming away. It should remain at least half an hour in the urethra before the patient is allowed to micturate.

Medication in solid form consists either of powder or dried paste, usually alum or tannin mixed with sugar is blown through the straight endoscopic tube into the urethra. It must be also mentioned that there are certain forms of urethral inflammation which do not yield to this local treatment, where there is a certain dyscrasia, constitutional treatment must be used, for example where there is syphilis antisyphilitic measures must be adopted. In tuberculosis change of air and removal to a country with warm winters is followed

in some cases by a cessation of the discharge.

Urethritis of the prostatic portion behind the Compressor Urethræ.—The treatment for acute catarrh of the prostatic portion must be entirely dietetic and medicinal, instrumental treatment is not to be thought of. Chronic catarrh of the prostatic portion usually follows obstinate gonorrhœa and it is also found in certain persons who have been addicted to practice masturbation and in those who have led a dissolute life and indulged in sexual excesses. The catarrh appears also primarily in beginning tuberculosis of the prostate and in wounds of the bladder and genital apparatus. In treating chronic catarrh of the prostatic portion it is desirable to bring the remedy into direct contact with the diseased urethral wall. The manner of employing the remedy differs according to whether the dilute or concentrated form is used, a mode of irrigation is the best for the dilute form. The irrigation catheter is made of silver, 16 cm. long and corresponds to No. 14 or 16 of the Charrière scale. The vesical end has the ordinary curve of a metal catheter and is provided with several openings. To the extra-vesical end is attached a disc which is marked and shows the direction of the bill of the catheter. Joined to this end is a rubber tube 20 cm. long which is in attachment with a syringe. If the catheter is in proper position the fluid runs into the bladder without resistance. The internal sphincter is such a weak muscle that it offers no opposition to the entrance of the fluid into the bladder. If the catheter is not in the membranous portion the fluid flows back around the catheter and out at the meatus. Immediately after the injection allow the patient to completely empty his bladder. This is only to be commended when the bladder is capable of complete contraction, of voiding even the last drop. If the bladder is insufficient a quantity of the injected fluid remains behind and may cause painful irritation and other evils. For an insufficient bladder the irrigation of the prostatic portion with an ordinary elastic catheter is much better. To carry this out the patient stands, allow him as far as possible to empty the bladder then introduce into the bladder an elastic catheter with two side openings. The quantity of fluid drawn off with the catheter shows the amount of insufficiency; when the bladder is emptied, the catheter is withdrawn somewhat till the openings at the end lie in the prostatic portion, then inject a quantity of the medicated fluid into the bladder, after injecting a sufficient quantity in this way the catheter is reintroduced and the bladder completely emptied.

It is important that the solutions should be warm when injected.

Another instrument is used when it is desirable to act on the parts with remedies more caustic than astringent. It consists of a short, thick walled curved catheter, with a capillary tube of fine silver. Attached to the extra-vesical end there is a piece of hard rubber fitted to receive the end of a small Pravaz syringe, the tube contains but two drops, if we wish to inject one drop of a concentrated solution into the prostatic portion three drops must be drawn into the syringe, if we wish to inject two drops four drops must be in the syringe.

In using this apparatus, the patient lying, the syringe is filled with three or four drops of the solution and is adjusted in the catheter already in place in the prostatic portion. In order to ascertain if the point of the instrument is in proper position one finger can be introduced into the rectum, immediately after injecting a burning sensation is felt in the urethra, it is advisable after using this instrument for the patient to remain lying for an hour or so. The five per cent. solution of silver nitrate is most generally used, when a ten per cent. solution is injected it is commonly followed by more or less bleeding from the cauterized part, the weak solution can be used every second or even every day, while

the strong solution should be used at most twice a week. This plan of treatment is good for mild cases of catarrh of the prostatic portion occasioned by masturbation, and after sexual excesses associated with discharge of semen, and is of the greatest use in spermatorrhœa and also in catarrh of the prostatic portion following gonorrhœa. The cauterization of the prostatic portion finally may be done with nitrate of silver in substance either by means of Lallemand's caustic holder, or much better by using the endoscope when the parts are under the control of the eye.

SUB-DIAPHRAGMATIC ABSCESS.

J. M. COCHRANE.

C. F., æt. 23, a native of England, a man of temperate habits, unmarried, and having recently arrived in this country from England, where he had been employed in labouring work in the lumber docks. Admitted to the Toronto General Hospital on January 26th, 1884.

The family history contained nothing of importance, no facts pointing to tuberculous or other diseases could be ascertained.

The patient's early history showed that he had never been a strong man. In early infancy had some of the diseases of childhood, though nothing very serious till about the age of five when he had an attack of scarlet fever, from which recovery seemed to be slow.

About three years ago the patient suffered from some trouble of the liver, the exact nature of which could not now be ascertained, and for which no special treatment, beyond some liver complaint nostrum, was employed. The disease was short, and with the exception of very occasional and slight returns did not trouble the patient much till about three months ago, when the pain was again felt severely, but it soon passed away.

On admission to the Hospital, the patient complained of pain in the right side. There was slight cough and expectoration. There was dullness on percussion over the right lung extending nearly half way up from the base, no indications of cavities were noted. The left lung seemed to be unaffected.

Within two or three days of admission the extent of dullness of right lung increased upwards, the cough became much more frequent, and was accompanied by a fœtid expectoration, the sputa were purulent, viscid, and sometimes streaked with blood. In the later stages of the disease it was expectorated in unusual quantity, sometimes masses of pus were brought up, unaccompanied by coughing or voluntary effort.

The patient was again examined a week later, and the present history then taken (Feb. 9th.) The symptoms above mentioned were much increased, the cough and expectoration constant. The patient was much emaciated and distressed, there was great œdema of the feet and legs, the sitting posture was the only one in which the patient could remain with comfort. The breathing was difficult; the hearts' action tumultuous; the pulse registering 134; the temperature 103.°5 at 6 p.m.

Examination indicated dullness, fully half way up the lung on the right side, there was also some dullness in a limited area at the base of the left lung, the apices of both seemed to be clear, coarse râles were noted at the right base, and a peculiar click was heard irregularly on expiration.

The dullness marking the extent of the liver was found lower than normal, and was continuous above with the dullness at the base of the right lung.

The temperature during the last six days of the illness varied between 100° and 102°.5, the pulse was almost uniformly 110 in the morning, 130 at night.

Within the last two or three days, severe pain referred to the heart was felt, the indications were considered as those of

pleural complication, and the usual local applications were made.

The general treatment pursued was palliative towards pain and cough; a mixture of creosote, tincture iodine, and tincture benzoin com., vaporized, was used with much relief. Internally, pot. chlor., tinct. ferri. mur., and quinia, were given every four hours in fairly large doses. Stimulants and nutritious diet were prescribed.

The diagnosis of this case was based on the somewhat unusual situation of primary dullness of the lung; its continuity with that of the liver; on the supposed enlargement of the liver, with the previous history of liver trouble, and specially on the forced upright position of the patient, sensations of choking with pus being felt on recumbency, and the actual greater frequency of expectoration when in that position. On the râles, and peculiar valvular click heard at the right base, and the frequent discharge of masses of unmixed pus; all of which seemed to the writer to indicate hepatic abscess, opening into the right base and finding exit through the air passages.

The patient rapidly became weaker and died on the 16th Feb. The *post mortem*, was held on the following day by Dr. Graham.

Thorax. The pericardium contained a large amount of serous effusion. The heart was hypertrophied and filled with blood, an ante-mortem clot was attached to the mitral valve, other valves healthy, the endocardium stained with pigment, right ventricular walls thinner than normal; weight of heart 12½ oz.

Lungs. Pleuritic adhesions on the left side, the left lung was found to contain a small abscess near the lower margin filled with pus, in the upper lobe another small abscess was found, the smell and appearance of which indicated gangrene.

The right lung, upper lobe œdematous, and congested, the tubes filled with pus in the lower portion, the lower lobe also contained pus, and near the base was found a small cavity. There was also caseous degeneration and marked tubercle.

Liver. Left lobe much hypertrophied, slightly fatty, otherwise healthy. Right lobe, not extending as low down as normal, presenting nothing abnormal on section, but on the upper surface was found a large abscess, bounded above by the diaphragm, below by the hepatic capsule, and laterally by firm adhesions of the diaphragm with the capsule of the liver to the extent of three or four inches in diameter, in an irregular oval. At the uppermost part of this cavity, was an irregular opening about an inch in diameter, piercing the diaphragm, and the basement membrane of the lung, and connecting with the cavity noted in the base of the lung, the cavity being filled with pus.

The capsule of the lung was much thickened. The kidneys were congested, capsules, non-adherent.

The spleen much enlarged, and congested, other organs normal.

The discrepancy of position of lower border of the liver, before and after death, may possibly be accounted for, by the pressure at the former time of an accumulation of pus in the large cavity, pressing the lobe downwards; though it may have been an error in examination, as percussion and manipulation seemed to increase the distress of the patient.

Selections: Medicine.

Aortic Stenosis.—I have long recognized that, while a systolic aortic is one of the commonest of the valvular murmurs, actual narrowing of the orifice is the most rare of the valvular changes.

A systolic aortic murmur may be due to several causes, which will now be enumerated.

1. Anæmia may be mentioned first. It is not well understood how it is that watery blood, deficient in corpuscles, gives rise to murmurs; but the fact is exemplified by the venous hum heard in the neck, by the pulmonary murmur, and also, though less

commonly, by a systolic aortic murmur; this accompanies the first sound, and does not substitute itself for it. With this anæmic aortic murmur may be grouped the hæmic of very similar character, which sometimes accompanies or follows acute febrile disease of long duration, such as typhoid and rheumatic fever.

2. Mere roughening of the orifice or valves, or impaired flexibility of the latter, slight congenital malformation, fenestration of one or more of the cusps, a shred of fibre hanging from the edge of a valve, may give rise to a loud systolic murmur, without offering the least obstruction to the course of the blood.

3. Dilatation of the aorta just above the valves, the orifice and valves remaining unchanged, produces a murmur; the blood passing through an aortic opening of normal size into a larger cavity beyond is thrown into eddies, the vibrations of which produce a sound heard as a murmur. In none of the above mentioned conditions is there stenosis of the orifice or obstruction to the stream as it issues from the heart; the condition last named has dangers of its own, but they do not arise from aortic obstruction.

4. Acute narrowing of the mouth of the aorta is almost always due to changes in the valves, the cusps of which may be stiff and rigid with rounded and thickened margins; or adhesion may have taken place between the valves at the angle in which they meet; or, without being greatly thickened, the valves may be affected with atheroma, which destroys their flexibility, and puckers and contracts them, and may go on to calcification.

5. It is also possible, that, by dilatation of the ring at the root of the aorta, valves, not themselves greatly diseased, may be so put on the stretch that they cannot fall back, but remain as an obstacle to the stream of blood.

It is clear that the first point to be ascertained, when a systolic murmur is present, is, whether it indicates the existence of obstruction or not; in this we shall be greatly assisted by the history and existing condition of the patient. We should conclude that the murmur was hæmic when there was marked anæmia, or if the patient were convalescing from an acute illness, especially if murmurs were heard at other valves as well. A systolic aortic murmur appearing at middle age or in advanced life will seldom be due to actual narrowing of the orifice, but will be caused by roughness or rigidity of the valves, or by dilatation of the aorta above the valves with perhaps atheromatous irregularities in its walls. The significance of such a murmur at this period of life varies enormously; it may be produced by a harmless bag of fibre, or it may indicate aneurism of one of the sinuses of Valsalva, but it is rarely that as actual obstruction that injury results. The loudness or character of the murmur does not give us much help; hæmic aortic murmurs are usually soft and smooth, but so also may be murmurs due to extreme narrowing, especially when there is weakness of the ventricle and languid propulsion of the blood; thus the gradual enfeeblement and ultimate disappearance of a systolic aortic murmur, may be a most serious prognostic fact.

We turn now to the changes in the condition of the heart produced by aortic stenosis. The change, by which aortic obstruction will be overcome, will be hypertrophy of the left ventricle. The physical signs, therefore, of this hypertrophy, the position and character of the apex-beat and impulse, and the modifications of the sounds will enter into the diagnosis of actual narrowing of the aortic orifice. The character of the aortic second sound may aid in distinguishing hypertrophy compensatory of obstruction from the hypertrophy attending renal disease; it will usually be indistinct in the former, and always accentuated in the latter case. Almost more important than the hypertrophy of the left ventricle, will be the character of the pulse. The pulse-wave will be long and slow; the artery will be small and full between the beats of the pulse; a large sudden pulse is incompatible with aortic stenosis unaccompanied by regurgitation; and when it is a question whether or not an aortic systolic murmur is due to obstruction at the orifice, the pulse becomes the most certain criterion to which we can appeal; if there be an apparent contradiction between the indications of the heart and those of the pulse, the latter must dominate. Even when there is co-existing aortic regurgitation, which tends to render the pulse large, sudden and collapsing, the development of these characters is interfered with by stenosis. Nearly all authors concur in making aortic

stenosis the least dangerous of the valvular affections, and, on *a priori* consideration, such would seem to be probable, but this conclusion will scarcely seem quite secure, if the cases of systolic aortic murmur, without actual narrowing of the orifice, are eliminated; the relative danger of real stenosis cannot, without further experience and inquiry, be estimated with confidence; but it is certainly greater than has been supposed.

As a rule, aortic stenosis proves fatal by the slow operation of dropsy, and for the most part mitral regurgitation is present either as a secondary consequence of dilatation, or, as an independent affection produced by the endocarditis which damaged the aortic valves. So long as the obstruction at the aortic orifice is uncomplicated by mitral change, the danger attending the disease will not be imminent. The secondary changes will take the well known backward course. Beginning with the hypertrophy, there will follow dilatation of the left ventricle, favoured by anæmia or any other form of debility; then will come systemic stagnation, from diminished propulsive power in the ventricle; and sooner or later there will be regurgitation through the mitral valve, resulting either from the dilatation, or from actual lesion of the valve or its tendinous cords, produced by the increased pressure consequent upon the powerful contraction of the ventricle, or from the combined operation of these two influences. This marks a downward step, and makes the prognosis grave. It further appears to me that, dropsy having once set in, there is a smaller probability of recovery than in most other valvular affections, it being always understood that when this complication has been prematurely induced by exposure or exertion there is some hope that it may be successfully combatted and warded off for a time.—W. H. Broadbent, M.D., F.R.C.P., in *Brit. Med. Jnl.*

Facial Erysipelas.—Looking at the patient before you, the swollen condition of the ear and neck, and the inflamed integuments of the face, the diagnosis is made at once. You will say that we have to deal with a case of facial erysipelas—a specific inflammation of the integument of this portion of the body. This is often preceded by glandular swelling of the neck. Let me here give you a practical point in regard to the recognition of this disease before the appearance of the erysipelatous inflammation. Very often before there is any other evidence of the trouble, without, it may be, some constitutional disturbance, there will occur swelling of the glands of the neck. Upon such an appearance, you may base a diagnosis of erysipelas, in advance of the appearance of the malady, provided there is evidence that the tendency to the disease is present in the atmosphere.

Every case of erysipelas has importance, although a single case like this is *per se* of little moment. This is a self-limited disease. It will go through its several stages, and disappear without interference. Notwithstanding the fact that it is a self-limited disease, no case should be underrated. It is of importance, because there is in this affection danger of cerebral embolism. This is followed by violent delirium, terminating in coma and insensibility. This accident is by no means common, but it may occur in any case, especially if the individual has been rather given to his cups.

Why may this cerebral embolism be expected to occur in any case of facial erysipelas? A moment's consideration of the anatomical relations of the parts will furnish the explanation. The facial veins which return the blood from the skin communicate with the pterygoid plexus and cavernous sinus. In other words, the blood, instead of being returned from the superficial parts by superficial vessels, passes within the skull and communicates with important veins within the cerebral cavity. Hence it is that there may occur in facial erysipslas, the serious complication of cerebral embolism. No case should be neglected, although almost every one goes through its course without any complication.

The treatment should always be conducted with reference to such a possible complication, and with reference to the systematic condition of the patient. In an ordinary case, it will suffice to place the patient at rest, order a suitable diet and keep the bowels open; but if the case is more serious, there are three remedies which may be used with advantage. The first is belladonna. This drug produces a condition of the skin and vessels directly in antagonism to that which exists in erysipelas. You will often be surprised to see how speedily the erysipelas disappears after the development

of dry mouth, dilated pupil and flushing of the skin.

If there be any systemic depression, as there usually is in severe cases of facial erysipelas, quinine should be combined with the belladonna, giving one-quarter of a grain of the extract of belladonna with from two to five grains of sulphate of quinia every three or four hours.

Should we have reason, from the occurrence of delirium or the beginning of coma, to suspect that emboli were being deposited, we should, without delay, resort to the use of carbonate of ammonia and produce full alkalization of the blood as speedily as possible. Such are the general principles of the systemic management of these cases.

What local measures should be employed? The text-books contain a vast variety of remedies to be applied locally. The attempt is made to stop its spread by the use of blisters, nitrate of silver, tincture of iodine, a saturated solution of the sulphate of iron, carbolic acid and a thousand and one other remedies. All this is based upon a fallacy. This condition of the skin is a symptom of the malady and only a symptom. We cannot, as a rule, prevent the spread of the disease by the remedies mentioned. We cannot prevent or limit by such measures the constitutional condition. The simplest local application suffices. I have seen more good from mercurial ointment very much diluted, and from vaseline or lard, than from the most elaborate applications. The strength should be one drachm of mercurial ointment to the ounce of lard or vaseline. If there is reason to fear that the disease will exist as an epidemic, we should, of course, adopt measures to prevent the diffusion of germs. In a simple case like the one before you the proper treatment is that which I have indicated.—*Coll. and Clin. Rec.*

Delirium Tremens.—It has long been a matter of dispute whether delirium tremens is due to the direct poisonous action of the alcohol or whether it is due to the sudden stopping of drinking, and hence to the sudden withdrawal from the system of its accustomed stimulant. There can be no doubt that in many cases delirium tremens is caused directly by drink. Many patients have entered the hospital during my term of service in a wild condition of delirium tremens who have continued to drink up to the very hour of entrance. On the other hand, a number of patients have entered the hospital in a drowsy, stupid condition brought on by drink, and it was not until a day or two later that delirium tremens proper came on. In these cases it might seem as though the delirium tremens did not appear until the drink was withdrawn and then appeared in consequence of this withdrawal. It is well known that drunkards can put off an impending attack of delirium tremens by continuing to drink, but whether they can thus postpone the attack indefinitely is a matter of doubt; judging from my limited experience I should say not. After a time the stomach is apt to get into such a condition that it will no longer retain alcoholic drinks; but even in those cases where the stomach will tolerate the alcohol, still the attack of delirium tremens will sooner or later come on and cannot be indefinitely postponed by drink. The opinion that delirium tremens is caused directly by the drink and not by its withdrawal has of late years gained more and more ground, and at the present time I think the great majority of those who have had much experience in the treatment of delirium tremens incline to this view and hence believe in stopping all alcoholic drinks immediately, instead of gradually diminishing the quantity of them, as has been advocated by those who believe that the withdrawal of the alcohol is the cause of the disease.

The question is somewhat different in the case of injuries. When an habitual drunkard, who has enfeebled his nervous system as well as all the other organs of his body by the long continued abuse of alcohol, receives some severe injury, he soon afterwards becomes tremulous and delirious and passes into a condition of very dangerous exhaustion. Now, this form of delirium tremens may perhaps in part depend on the sudden withdrawal of the usual alcohol stimulant, but it depends, it seems to me, in much greater part on the shock which the injury produces upon the enfeebled nervous system and on the extra work incident to the process of repair which is thrown upon the enfeebled and diseased internal organs, especially upon the kidneys. In this form of the disease it seems necessary to administer alcohol in some form, although I am inclined to believe that digitalis would be a better stimulant to the heart and kidneys in these cases.—*Med. Annals.*

Alcoholic Leg Pains.—T. Clifford Allbutt, writes to the *Brit. Med. Jnl.* These pains are so characteristic and so often met with that I feel surprise that they have received but little attention. These pains are commoner in women than in men, they are often tibial in distribution but also often occur about the ankles and feet. They are usually associated with marked cutaneous hyperæsthesia. I have diagnosed in women many a case of secret drinking by these pains alone. Indeed, if a woman were found to complain bitterly of pains in the legs below the knees, pains somewhat nocturnal in occurrence and as severe as those of syphilitic periostitis, if she resented any free handling of the limbs, if again she lay with legs adducted, extended, and with the feet pointed, much as in lateral sclerosis, but without permanent rigidity; if for all this outcry there were no visible cause whatever, the tibiæ smooth, and no more sign of spinal disease than perhaps a slight ankle clonus, then I should almost without hesitation, infer that alcohol was the cause. They can be cured only by abstinence.

Syphilitic Fever.—Dr. Duflocq relates the history of a young man, twenty-five years of age, who was admitted to a hospital suffering from a fever. The attack had begun eight days previously with headache and vertigo followed by vomiting, after which fever and diarrhœa came on. There was also epistaxis a few days later. On admission the patient presented nearly all the symptoms of typhoid fever; the tongue was white; there was tenderness on pressure in the right iliac fossa, though the belly was not tympanitic; the spleen was slightly enlarged: heart and lungs were healthy. The temperature was 104.7°. The eruption of rose-colored lenticular spots was confluent over the abdomen, and very thick over the arms, legs, and thorax. They were large, slightly elevated, and disappeared momentarily on pressure. It was the great extent of this eruption that excited suspicion and led to further examination. A cicatrix resting upon an indurated base was found upon the glans penis, and there were enlarged glands in the mouth and fauces. The patient was placed upon ordinary anti-syphilitic remedies, and the fever and eruption disappeared in about two weeks. Dr. Duflocq mentions, as of diagnostic value in the differentiation of typhoid from syphilitic fever, the early appearance (third or fourth day) and the abundance of the eruption.—*Med. News.*

Painful Reflex in the Ulnar Nerve in Gastro-Intestinal Affections.—M. Treille says that in certain chronic affections of the digestive tube, as dysentery, palpation and strong pressure in the left iliac fossa will produce painful sensations and troubles of innervation variable in intensity and character on the back of the hand and the ring finger. Pressure is made with the fingers of right hand pressing on the abdominal wall towards the anterior superior iliac spine bringing the fingers up and towards the umbilicus at the same time depressing the integument. Weak induced currents applied three finger breadths internal to the iliac spine on the line proceeding to the umbilicus, will immediately produce a series of discharges in the ulnar nerve. M. Treille has noticed this phenomenon in so many dysenterics and gastralgics that he believes it to be constant. He can produce it upon himself by slight pressure. He found it in a saturnine gastralgic. This ulnar reflex may consist in hyperalgesia and hyperæsthesia to which anæsthesia sometimes succeeds, of a portion of the skin innervated by the ulnar nerve. The best means of causing the disappearance of this pain is to cure the intestinal affection.—*L'Union Méd.*

Pyrexial Syphilis.—Dr. Burney Yeo gave the particulars of this case to the Clinical Society (*Brit. Med. Jnl.*). The patient had symptoms of pyrexia—high temperature, with great diurnal fluctuations, twice reaching 105° F. and four times 104°, and averaging in the evening for three weeks from 103° to 104°. The daily oscillations were often more than 6°. The other symptoms were pains in the limbs and trunk, headache, thirst, sleeplessness, great debility and rapid emaciation. Between a fortnight and three weeks after admission, symptoms appeared, chiefly on the back and legs, resembling imperfectly developed variolous pustules without the areola. He confessed that he had venereal sores on the penis. Anti-syphilitic treatment was attended by a rapid fall of temperature to normal, rapid improvement of nutrition and recovery of strength, and rapid drying up of the pustular eruptions.

Dangers of Large Doses of Quinine.—Dr. Smith, in the *N. Y. Med. Jnl.*, writes upon the danger of large doses of quinine in hyperpyrexia, with special reference to the treatment of typhoid fever. He says that in cases with a tendency to heart failure it is dangerous. Heart failure may be due to degeneration of the heart muscle, or to failure of nerve energy. There are two types of fever in which these causes of heart failure generally appear: the short, as in acute pneumonia where heart failure is liable to occur from the third to the sixth day: and the long, as in typhoid, where heart failure occurs usually from the second to the fourth week. A large dose of quinine twenty or sixty grains at once or within an hour, certainly has a depressant effect on the heart, and this should always be carefully examined before administering the drug in such doses. It is also well to guard it by small doses of opium or digitalis or ammonia. In the same journal Dr. Wright reports a case of pneumonia in an adult in which fifty grains of quinine were given in twelve hours. The temperature fell 9° to 93° 4/5, collapse ensued, but by the exhibition of heart stimulants recovery finally took place. Another case is reported of a boy with intermittent fever who took 128 grains of cinchonidia, followed by collapse and death.

Washing the Stomach in Nurslings.—Dr. Epstein, of Prague, for some years practiced washing of the stomach in nurslings. In this manner he treats acute stomachal catarrh, the first period of cholera infantum, and in a word all those gastric conditions accompanied by vomiting, and rapidly producing marasmus. In case of poisoning, washing is equally indicated. The operation is simple; more simple than in adults. A soft rubber sound is used—number eight or ten—terminating with a glass tube—to which, after introduction, another elastic tube, bearing the funnel, is attached. The length of the pharyngo-œsophageal canal in a child 50 cm. in height is about 18 cm. The child is laid on its back, the finger presses back the tongue, and guides the tube, which is easily swallowed. The washings are done with magnesian or sodic water. It is suggested in athrepsics to feed artificially in this way.—*Journal de Méd. de Paris.*

Acute Sub-umbilical Peritonitis.—Mr. Goix, (*Jour de Méd. de Paris*) says that acute sub-umbilical peritonitis is manifested clinically; (*a*) by the general symptoms common to every acute peritonitis; (*b*) by local phenomena peculiar to it, which are a superficial pain limited to the sub-umbilical portion of the abdomen, retention of urine and intestinal meteorism; (*c*) by a very important negative sign, the integrity of the diaphragmatic respiration. From *acute perityphlitis* it is distinguished by the absence of the cæcal and pericæcal swelling, and from *sub-peritoneal phlegmon* by the preservation throughout the duration of the disease of the normal mobility of the skin on the subjacent layers. In phlegmon the subcutaneous tissue of the abdomen always participates secondarily to the inflammation and the skin loses its mobility.

Relation of Diseases of the Abdomen to those of the Right Heart.—Passerini, (*Gaz. degli Ospitali*) mentions three cases of tricuspid insufficiency consecutive to a peritoneal effusion. On auscultation there was heard a prolongation of the first sound and a murmur; the second sound was intensified over the pulmonary orifice. The disappearance of the peritoneal effusion caused the cessation of these sounds. The abdominal effusion acts mechanically by compression, causing venous ischemia of the viscera and overloading, and hyperæmia of the thoracic organs. In pregnancy and in ovarian cysts, and by simple pressure upon the abdominal walls, these abnormal bruits have been called into existence. —*Jour. de Méd. de Paris.*

Non-Vesicating Croton Oil.—Harold Senier, of the London Chemical Society, states that when alcohol of the specific gravity of 0.794 to 0.800 is added to croton oil in the proportion of seven or more volumes to six, the oil separates into two parts, one of them (the vesicating oil) dissolves in the alcohol and remains soluble in alcohol in all proportions; the other (the purgative oil), separates and is then found to have become insoluble in any proportion in alcohol. The insoluble oil is said to be a safe and pleasant purgative free from any undesirable action, in doses of one-tenth to one-half a minim, in the form of pills made with magnesium carbonate and extract of henbane as excipients.—*N. Y. Med. Jnl.*

Antipyretics in Typhoid Fever.—Dr. Beverley Robinson (*ibid*) criticises the use of antipyretics in typhoid fever. He maintains that high temperature is not necessarily a bad symptom, the well known agents cold, quinine, salicylates, etc., will lower the temperature for a while, but to keep it down will have to be continuously administered. Quinine acts by lessening cardiac power and tends to produce visceral congestions. The salicylates are depressant to the heart and disturb the stomach. Digitalis must be used with caution as it is cumulative, and even when increasing cardiac muscular contractility it is a question whether it is entirely without drawbacks to cause a heart with degenerated muscular fibre to contract too vigorously.

Indigestibility of Oysters.—Dr. T. W. Jones, at the Ohio Med. Soc., reported (*Col. Med. Jnl.*) the case of a boy five years of age, who on the 16th of November, ate a large quantity of fresh oysters, and immediately afterwards a quantity of stewed oysters. He then went to bed with the stomach ache. Three weeks afterwards the doctor was sent for and shown a chamber containing an enormous fæcal mass, which the child had passed as the result of a purge administered by the mother the evening previous, *and in this mass* were at least *two dozen raw oysters*, fresh in appearance and entire and only a trifle darker than when eaten. The family lived on a farm, and there was no question that these oysters had lain undigested in the alimentary canal for three weeks.

True and False Angina Pectoris.—M. Huchard says that the false form may be due to nervous reflex or toxic changes, and generally ends in recovery; while the true form is caused by ischæmia of the cardiac muscle. In most cases the coronary arteries are found diseased or their opening in the aorta is narrowed by chronic endarteritis; lesions of the cardiac nerves are not frequent. He thinks true angina pectoris may end in recovery, but much more rarely than the false form. For the treatment he recommends nitrite of amyl, which acts more rapidly than injections of morphia, nitro-glycerine and nitrite of sodium. He also strongly advises the iodide of sodium given at a dose of one to two grains daily for several months.—*Brit. Med. Jnl.*

Two Signs of True Convalescence in Enteric Fever.—In a communication to the Clinical Society of Paris, Dr. Chauffard indicates as sure signs of true convalescence in enteric fever, the occurrence of multiple abscesses and of a critical diuresis. The abscesses have a rapid and insidious development, and when once opened they cease to secrete, their walls uniting in a day or two. The diuresis is sudden, and the quantity of urine passed is very large. Dr. Chauffard's observations extend over the past two years, and in no case has he seen a relapse where these signs presented themselves.—*The Analectic.*

Two Points in Connection with Albuminuria of Bright's Disease.—Dr. William Roberts, in discussing a paper on albuminuria, said (*Brit. Med. Jnl.*,) when albuminous urine was added, drop by drop to a large quantity of water, a milky trail followed each drop; and at last the whole fluid became opalescent. This opalescence disappeared on the addition of an acid or an alkali, and was probably due to the presence of globulin or paraglobulin. The second point was that albuminuria associated with hypertrophy of the left ventricle was usually permanent.

Humane Blistering.—Samuel Shelton, M.R.C.S., (*Brit. Med. Jnl.*,) directs the surface requiring counter irritation to be well covered with annular blisters about the size of the human iris, cut from vesicating tissue with an ordinary gun punch, the centre being extracted with a punch of smaller size. He says that attached to the surface, and covered with cotton wool and a bandage, they require no further attention, and cause the very slightest discomfort.

Hemilateral Varioloid.—A curious case came under my observation some time ago. I was called to see a patient. I found that he had a bad case of small pox. I found in the house a boy of ten, who had never been vaccinated. I vaccinated him at once on both arms. This vaccination took on one arm, but not on the other. A few days afterwards the boy developed varioloid on the side on which the vaccination had not taken, and the disease was entirely confined to this side. Dr. Miller in *Rep. Md. Board Health.*

Modified Heller's Nitric Acid Test.—H. C. Bœnning in *Phil. Med. Times*, modifies Heller's test for albumen, by boiling the nitric acid, and while boiling hot overlays it with the urine. The hot acid prevents the formation of the zone of acid urates.

Cure for Cramps.—A writer in the *Brit. Med. Jnl.* declares that the elevation of the head of the bed, by placing under each leg a block of the thickness of two bricks, is an effective remedy for cramps.

Dr. Peterson, of Kiel, considers oxide of zinc a good substitute for iodoform. It is cheaper, and is not poisonous.

Surgery

THE TREATMENT OF CARBUNCLE BY COMPRESSION.

BY JOHN ASHHURST, JR., M.D.

This man has been already before some of my ward classes; but, as there are many present to-day who do not meet me in the wards, I am glad to have the opportunity of bringing him before you. He presents one of the most instructive cases which we have had in the hospital this winter.

This patient was admitted to the ward on Wednesday of last week, being ten days ago, with a very large carbuncle of three weeks' duration. It began as a pimple, and gradually increased in size. This is the usual history of a carbuncle: first, the presence of a pimple, which soon develops a central vesicle, and then, either with or without irritation, such as scratching or pricking with a pin, begins to spread, the carbuncle in a week or ten days attaining its maximum size, seldom more than four or five inches in diameter. Yesterday a week ago, measuring this carbuncle, we found its dimensions to be nine inches by eight, independently of the large amount of indurated tissue around the livid mass itself. The dimensions of the carbuncle, including this indurated tissue, were at least eleven by ten inches, and it was fully three inches in depth.

A carbuncle is in reality nothing but a large boil; there is no absolute distinction between a furuncle and a carbuncle. This carbuncle is now smaller than it was when the patient came to the hospital, and it is subsiding every day, though up to the time of the patient's admission it had been steadily increasing in size.

There are some peculiarities about the ulceration of a carbuncle which have not been understood until quite recently. It had long been observed that carbuncles were apt to ulcerate at numerous distinct points, giving the surface a sieve-like or cribriform appearance; but the anatomical explanation of this condition has only been furnished within a few years by an American surgeon, Dr. Collins Warren, of Boston. By microscopical examination of the skin of the back, where carbuncles usually occur, Dr. Warren has found little processes or tubes of fat connecting the deeper tissues with the surface; he has named these tubes the fatty columns, or *columnæ adiposæ;* and it is along these columns that the pus of the carbuncle, which originates as a phlegmon of the deep cellular tissue, begins to make its way to the surface. In this case there are as yet but two openings, which lie close together and probably will soon coalesce. A slough—what is popularly called the *core*—is beginning to protrude from one of these openings: it is a slough of the deep cellular tissue.

Carbuncle, while a very painful and annoying affection, is usually not a very dangerous one when properly treated. Death does, however, occasionally follow, and I have recently seen the statistics published by a German surgeon, who treated eleven cases of carbuncle by incision, six of these proving fatal by pyæmia. I have myself seen no death from carbuncle, nor do I recall any in the practice of other surgeons, unless in cases where there was some grave constitutional complication.

Carbuncle in one part of the body, the face, is considered particularly dangerous. It is said that but one case in nine gets well; but my own observation would lead me to think this an exaggerated estimate. This is a comparatively rare form of the disease, but I have seen two or three cases of facial carbuncle, all of which have ended favourably; it is true, however, that none of them were very severe. Death in facial carbuncle results from transference of the inflammation to the sinuses of the dura mater, or from pyæmia. But in ordinary carbuncle, unless the patient has Bright's disease, or diabetes (an affection which

predisposes to carbuncle), or unless the inflamed mass is so situated as to endanger internal organs,—peritonitis may follow an abdominal carbuncle,—death will seldom ensue, except as a result of injudicious treatment.

The old-fashioned treatment, which in my student-days we were taught should be used in every case, was to make an incision the entire length and depth of the carbuncle, this incision being crossed by another at right angles to it, and extending the entire breadth and depth. Had this mode of treatment been practised in the case before you, we should have had two incisions, one eleven inches long by three deep, and the other of the same depth and ten inches in length. You can see what an enormous wound would have been made, and how much blood would have necessarily been lost. Death even may occur from hemorrhage, for there is a recorded case in which a surgeon made the regulation-incisions in the afternoon and directed the nurse to apply a poultice, saying that he would see the patient in the morning, Next morning he went to see his patient, and found that he had died from hæmorrhage during the night. Then, besides this risk from bleeding, incisions increase the risk of absorption of poisonous matter, as they leave a very large raw surface. Another, though less serious, objection is that the resulting wound is a very large one, and that the time required for healing is correspondingly prolonged. In order to avoid hæmorrhage, some surgeons practice subcutaneous incision; but this is an uncertain operation and presents no particular advantage.

Of course, the treatment by incision has something to be said in its favour. No course of treatment could have been in general use for so many years without being of some value. It somewhat diminishes the pain of the carbuncle, and sometimes seems to prevent its spread, but it is not always certain even that it will do this. The disadvantages of incision I consider much greater than its advantages.

There is another mode of treatment which is adopted either by itself or in connection with incision, — the use of caustics. They are either employed to cause central sloughing or are applied as "caustic arrows," like the spokes of a wheel. The use of caustics in this way was introduced by Maisonneuve for the removal of tumors, and Sir James Simpson recommended the injection of caustic solutions in a similar radiating manner. I can remember quite distinctly the case of an old man with carbuncle who was a patient in the Pennsylvania Hospital when I was a resident physician there. The usual crucial incisions had been made, causing great pain and free bleeding, and it was my duty every day to cauterise the wound with the solid stick of nitrate of silver; and I can remember how that old man used to fairly shiver with the pain at every dressing. He got well at last, but it was after many weeks of needless suffering.

The first case in which I used the pressure treatment, which I now invariably employ, was that of an old woman at the Episcopal Hospital, who had a large carbuncle, and who was so old and feeble that I thought it would be really dangerous to make incisions. Mr. O'Ferral, an Irish surgeon, was the first to recommend this mode of treatment: he applied compression by means of a plaster made to cover the whole mass of the carbuncle, and when suppuration began he cut a central opening for the escape of pus. I have preferred to use adhesive strips laid on concentrically, just as we use them in the treatment of swelled testicle.

We begin to apply the strips at the margin, and gradually bring them more and more inward, leaving a space at the centre to allow the slough to come out. We began treatment in this case last Wednesday a week: up to that time the carbuncle had been constantly increasing, but since then the progress, fortunately, has been the other way. The pain was immediately much relieved, so that the patient has now only an occasional darting pain, but nothing really to give him distress. The carbuncle is smaller, and is getting flatter. It now measures eight by seven and a half inches, and is not more than two and a half inches deep. The patient has not lost a drachm of blood since he came into the hospital. You can see that the pus and sloughs of cellular tissue are slowly discharging themselves, and there is so far no sign of any additional opening. We have every reason for thinking that this patient will convalesce without any further trouble. Over the centre of the carbuncle we are using a small poultice, which we

will change after a time for a dressing of resin cerate or zinc ointment, as may seem desirable.

There is another mode of treatment of which I have heard, but which I am happy to say I have never seen practised. Some surgeons have been so heroic as to excise the whole mass of the carbuncle; some surgeons, too, have excised gummatous tumours. The first can be made to disappear by simple compression, and the second will be absorbed under the use of iodide of potassium. To excise the one is as unjustifiable and as unnecessary as to excise the other.

In this case, on account of the mode of treatment which we have adopted, the ulcer left after the separation of the sloughs will be small, and the cure will be much more rapid than it would be if we had made incisions. I do not know of any instance in which the dicta of "authority" have come down to us with more injury than in the treatment of carbuncle by incision.—*Phil. Med. Times.*

Seven Surgical Follies.—Dr. John B. Roberts, says in the *Polyclinic* that if you watch carefully any series of operations done by various surgeons you will see committed what he terms the ether folly, the incision folly, the sponge, the styptic, the suture, the adhesive plaster, and the dose folly. The ether folly is almost universal and consists in the expression of the belief that the patient cannot be etherised. The fault lies with the physician in not administering the ether properly. Give the ether without air, or with as little as possible, and no animal can resist it. The incision folly consists in making cramped cutaneous incisions. Use a keen edge and a free hand in making cutaneous operation wounds. The sponge folly is the use of sponges in the belief that they are clean. Napkins or towels are just as good and cleaner. Sponges are too expensive to be thrown away after each operation and are very difficult to be cleaned properly. Perfectly clean surgical sponges are the exception, clean household towels the rule. At the Polyclinic he uses Japanese paper napkins which cost from $6.00 to $7.50 per 1000, they are crumpled up into a ball used for mopping up the blood and are then thrown away. The styptic folly is the remnant of tradition. Styptics are dirty, often fail, and always retard the healing of a wound, ligation with absorbable ligatures is better, torsion still better, and in most cases pressure will accomplish all that is required. The suture folly consists in clinging to the idea that silver wire is the only wire suitable for sutures. Iron wire is stronger and cheaper, and may be used finer and is more flexible. The adhesive plaster folly is of common occurrence. The strips of adhesive plaster placed between the sutures of an amputation stump, obstruct free drainage, become soiled, cause pain on removal, and do no good. If the flaps are made properly and the sutures correctly applied a light, well applied bandage is all that is required. "I believe that operative surgery will be greatly improved as a scientific entity, when sponges, styptics, silver wire, and adhesive plaster are discarded in the dressing of wounds. If you have these articles for this purpose in your offices, I pray you to throw them away. They are useless, worthless, and detrimental. We need a Leo and a Constantine to destroy these valueless relics of ancient surgical worship, as we need an Alexandrian fire to consume the thousands of worthless splints and instruments that are still described in surgical text-books to the confusion of the student and the damage of the community." The dose folly should perhaps be termed the small dose folly. Of what use is a sixteenth or an eighth of a grain of morphia to a man with severe pain? Give him a quarter of a grain or even a half, repeated if necessary and he will soon be comfortable and thankful. Perhaps he will also pay his bill. So with other medicines, give them in doses such that their effects will be produced promptly. Many physicians and surgeons fail to cure on account of insufficent dosage.

Faradisation in Ringworm. — A. F. Samuels, in the *N. Y. Med. Jnl.*, says that in an obstinate case of ringworm on the forearm he applied the Faradaic current, the positive pole at the end of the elbow, the flat electrode of the negative pole being passed repeatedly over the seat of disease. The intense itching ceased immediately, and a clear exudation like minute drops of sweat appeared on the surface. A second application, two days afterward left nothing of the ringworm but desquamated skin.

Dislocation of the Common Carotid Artery.—Dr. F. Lange presented a patient, a woman forty-seven years of age, who had been troubled with a disagreeable feeling in her throat for about nine months, which she described as a perpetual desire to swallow. She had been treated with internal remedies and external applications, and called at his office about a week ago, when he examined the throat and discovered, what could be readily seen on the posterior wall of the pharynx on the right side at the lower edge of the arcus pharyngo-palatinus, a roundish pulsating tumour. Closer examination showed that it was the common carotid artery, which was dislocated and could be traced by laryngoscopical examination as far down as the arytenoid cartilage.

There were also hypertrophy of the left ventricle, a decided thickening of the coats of the other carotid artery, which was abnormally superficial, and some albumin in the urine. The patient said that about nine years before she had an attack of acute nephritis. The question was, whether the trouble depended upon the anatomical abnormity, and had always existed, or only since the trouble in her throat had been manifested.

On the left side the soft parts were slightly prominent, and were sunk in on the right side. Dr. Lange thought the prominence on the left side was due to the superficial position of the common carotid artery. Moreover, the entire larynx seemed to him to be abnormally movable, especially so as on the right side one could pass the fingers behind the thyroid cartilage and pull the artery out, dislocate it laterally, and push the larynx well over to the opposite or left side. He thought it probable that it was the common carotid and the beginning of the internal carotid which were dislocated. The artery seemed so movable beneath the mucous membrane of the pharynx that, by some pressure from the right side, it could be pushed almost as far as the middle line passing from there upward and to the right side in a curved line.—*N. Y. Med. Jnl.*

Causes of Movable Kidney.—Upon consideration of the position of the kidney, it being entirely behind the peritoneum, and securely held in position by the vessels and nerves entering the hilum, and by abundant connective tissue holding it in direct contact with the posterior abdominal wall, it becomes obvious that very peculiar and unnatural influences must be in operation to effect its dislocation and constitute the movable kidney.

While not an uncommon condition at post-mortem examinations, it is apt to be overlooked, because of the kidney retaining its relative position. According to observation, the affection is markedly more frequent among women than among men, and before puberty is very rare. Senator has noted this lesion in one out of one hundred and forty adult females suffering from disease. As a cause of movable kidney, the commonly accepted condition, disappearance of the fat of the capsule, is inadequate. Senator considers the chief exciting causes, which specially explain the more frequent occurrence in females, to be as follows: Relaxation of the abdominal walls through repeated pregnancies; change of position in the organs of generation; tight lacing of the upper abdomen, which leads to dislocation of the liver, and to stretching of the hepatico-renal and duodeno-renal ligaments. The last also explains the fact that the right kidney is the one most frequently at fault, the greater length of the right renal artery, and the attachment of the colon, perhaps, having some share in the result.—*Maryland Med. Jnl.*

Boils.—Dr. John Aulde, following the suggestions of Dr. Sidney Ringer, has met with most satisfactory results by adopting the following plan. The diet is to be regulated, and if constipation exists, a teaspoonful of magnesia sulph. in a glass of cold water should be taken every morning before breakfast.

℞ Calcii Sulphidi .....grs. iii;
Sacch. Lactis .....grs. xxx.
Misce bene et divide in chartulas No. xxx.
Five powders daily at intervals, between meals.

By this method, beginning boils will be aborted, and those far enough advanced to threaten a siege of several weeks and successive crops will soften and heal in such short time that the patient will be surprised at the result. When they can be obtained, granules containing one tenth grain are to be preferred to the powders. The urine should be examined for sugar, as boils and diabetes often go together.—*Louis. Med. News.*

The Dosimetric Employment of Chloroform in Producing Anæsthesia.—M. Paul Bert presented to the Société de Biologie the method employed by Dr. Pezraud, which consists in placing a very fine small compress over the nose and mouth of the patient, and dropping upon it with each respiration one drop of chloroform; at the end of a few minutes, if insensibility does not follow, two drops are given, and by this method complete insensibility is produced at the end of seven to ten minutes. During this time the pulse and respiration remain regular, and anæsthesia obtains in a progressive manner, with only the slowing of the pulse to indicate it; there is no agitation and no hyperæsthesia, even with alcoholics or nervous women. When anæsthesia has been produced, it is maintained by three or four drops of the chloroform every minute. By calculation, it takes in this way a mixture of ten to fourteen grammes of chloroform with 100 liters of air to produce the anæsthesia.—*Jnl. Am. Med. Ass.*

Surgical Teachers.—But because men are well known—probably through their writings—is no reason why they should be good teachers. As a rule, it does not follow. Prof. Lister, whom I saw operate several times, hardly explained his operations at all, while Mr. Wood, who operates in the same theatre, but is not near as well known, explains everything. Mr. Bryant, at Guy's, drills all who attend his clinics or operations thoroughly. Matthews Duncan is an excellent teacher, although he has a very broad Scotch accent that makes it hard to understand him at first. Still he is a very interesting lecturer, and sandwiches in a good deal of wit and fun in what might to some be a dry and uninteresting subject. He never performs any of the major operations, such as ovariotomy, himself—Mr. Willet, who is an excellent operator, doing it for him.—*G. H. S. in St. Louis Courier.*

Polypi in the Ear Treated with Alcohol.—Politzer is said to obtain good results in polypi of the ear by the instillation of a few drops of warm alcohol several times a day into the external meatus. The treatment extends from a fortnight to two months. The polypi gradually shrink and disappear.—*Phil. Med. Times.*

Osseous Reproduction Eight Months after Resection of Elbow.—M. Cauchois exhibited the specimens from a woman who in February had had the right elbow resected for osteo-arthritis. The following December the arm was amputated. The examination of the elbow showed the humeral extremity rounded in the form of a condyle and it presents at its external border, a small apophyseal protuberance which was bound by fibrous tissue to an anterior protuberance of the ulna evidently tending to the reproduction of the coronoid apophysis. The radial extremity is slightly rounded and presents nothing peculiar. But the extremity of the ulna forms behind, a normal olecranon protuberance less the beak of the olecranon. In front the bone supports a small apophysis which is directed outwards and upwards towards the small apophyseal protuberance above mentioned, on the external side of the humerus. It occupies the position of the coronoid apophysis, the type of which it tends to reproduce. There is no trace of cartilage nor of articular synovial cavity, in a word, no new articulation. The extremities of the three bones are bound together by cicatricial fibrous tissue which allows free movement. The resection comprised the entire articular extremity of the humerus. —*Jnl. de Méd. de Paris.*

In rachitic children the bones yield to pressure whilst in a child of the same age and not suffering from rachitis the bones offer great resistance. Acting upon this principal M. Germain Sée has succeeded in straightening the lateral curvature, of the tibiæ of a rachitic child, by manual efforts only.

Lotion for Contused Wounds.—D. C. Hewson, M.D., in *Med. News*, recommends the following: ℞. sodæ hyposulphitis ℥iv. acidi carbolici cryst. ℥ss, glycerinæ ℥ij., aquæ Ci. sig. To be used as a lotion, and to keep a cloth saturated with the lotion continually applied to the part.

M. Diday, of Lyon, gives the following account of his method of instructing his patients: "I write my prescription and detail it *vivâ voce* to the patient, who is then required to repeat it to me. I then give him the paper and make him read it. 'Now,' say I, 'repeat what you have just read.'"

Midwifery.

The Ovaries and Menstruation.—The relation of the ovaries to menstruation has been the subject of much discussion; the most discrepant views being advanced by the partisans of opposing camps; and still further difference has arisen as to the exact relation of ovulation, or the ripening of Graafian follicles, to menstruation. Because, in a few instances, women have menstruated after the removal of both ovaries, it has, on the one hand, been held that these organs cannot be essential to the function, while, on the other, it is, alleged that their removal is commonly attended by its entire abrogation. Premising large qualifications, there is truth in both statements. Those who allege that menstruation may continue with its wonted regularity after the removal of the ovaries, do so on the evidence afforded by ovariotomies or oöphorectomies, wherein both ovaries have been removed without affecting the flow. Undoubtedly, such cases are on record; but I would beg your special attention to this important fact: that, while they are rare, they are, without exception, in mature or adult women, that is to say, in persons in whom the function has long been established, and whose bodies have been, and presumably therefore remain subject to its periodical impress. The ovaries are now often excised to arrest hæmorrhage from uterine fibromata, and for other maladies, with, it is alleged, abundant success. No cases are known in which the complete ablation of the ovaries in early life has been followed by menstruation; it is abundantly proved that the removal of the sexual glands in early life is attended by the absolute abrogation of the sexual characteristics of the sexes. The whole truth rests absolutely with neither side, though it predominates enormously in favour of those who hold that the ovaries exert an important influence over menstruation.

And with regard to the ovulation-theory: here, also, the conflicting views admit considerable reconciliation. The researches of Pouchet, and others, have demonstrated the intimate relations that ordinarily exist between ovulation and œstro-menstruation. Although this relation is in the normal state harmoniously synchronous, yet it has been shown that ovulation may occur without its accompaniment, menstruation. It is held, by those who affirm that menstruation is directly excited by the maturation of Graafian follicles, that it only occurs in association with the ripening of Graafian vesicles, just as happens at the time of œstruation in the females of the lower animals; and they alleged that menstruation is the exact analogue or counterpart in the human female of œstruation in the lower animals—a statement which is to a large extent, if not entirely, accurate.

In the human female, there can be no question that the menstrual function is largely associated with the maturation of Graafian follicles, and that women, like the lower creatures, are more apt for conception about the period of menstruation; but, as sexual aptitude is not confined in women solely to the period of heat, and intercourse may be indulged in at any time, it is obvious that a disturbing element is introduced, and that, under artificial conditions, ova may be matured through sexual stimulation, or follicles ruptured under sexual excitement, which, but for such intervention, would have remained quiescent or dormant until the next normal œstruation.

Menstruation in women, in the ordinary normal undisturbed way, runs an even course with œstruation in the lower females up to a certain point, but goes beyond it in that both the flow and ovulation may occur independently one of another. When the highest sexual organs (ovaries or testicles) are completely removed early in life, the characteristic sexual differences either do not appear, or are conspicuously modified; but, when their removal is deferred until these sexual differences have arisen, endured for some time, and have permanently left their mark upon the organism, the record of them, though perhaps not absolutely indelible, seems persistent in proportion as it has become established; and that may depend not alone upon its mere duration, but also upon the original intensity or inherent vigour of the sexual system. —*Brit. Med. Jnl.*

Sacrache and Backache.—There is no more common, and, therefore, no more important symptom of uterine disease, and especially of disease of the neck of the womb, than sacrache. The pain is dull, or an ache rather than pain. It is situated at or near the base of the sacrum, and, re-

ferring to it, the patient puts her hand to the part. I say with emphasis, "at or near," and it is desirable to make this more definite. A pain below the middle of the sacrum is not at or near, and a pain above the middle of the lumbar spine is not "at or near." Such pains and aches do not point to the womb as the characteristic sacrache does; but the characteristic sacrache only points in that direction. It is not in itself nearly sufficient, nor even strong evidence of disease of the womb. Occurring in a virgin, it would not alone, unless very very severe and inveterate, lead you to make an actual examination of the womb.

Other back aches, that is, pains in other regions of the back, not the sacrache, may accompany uterine disease, but do not point to the womb, are not symptoms rationally held as indicating womb disease. Unfortunately women are at present so under the influence of bad medical instruction that they regard all pains in the back, from the occiput to the coccyx, as nearly sure indication of uterine mischief, and demanding uterine treatment.

The sacrache of womb disease may be constant, but generally it comes and goes. Frequently it is dispelled by lying, is felt on going to bed, and has disappeared before morning, and long standing makes it reach its highest pitch, then it is otherwise, that is, when the ache is worse in the morning before getting out of bed or is relieved by walking. Then it is certainly not uterine.

I have said that you must not regard all sacraches or other back aches as uterine. They are common in men and in women. A weakly woman who attends to all her pains, can do no standing or walking without back ache, and often it is a sacrache. Especially if she has a long back will she suffer in this way.

The pains liable to be confused with real sacrache are all in the lower back about the lumbar spine. It is only such that might mislead any rational physician. Regarding them, you will get some light from noticing the causes of the same pains in men. Now, I find that weakly men are liable to these aches, sacral or lumbar, on walking or standing, and in many they are produced by excessive venereal indulgence. *Maryland. Med. Jnl.*

Rupture of the Uterus.—Samuel D. Gilbert, M.D., reports (*N. Y. Med. Jnl.*) a case of rupture of the uterus in a multipara, æt. 34. Breech presentation; os not rigid; vagina cool and moist. On external examination the head was found to the left side of the abdomen, and it seemed to be just under the skin, the uterine walls were so thin; pains slight and infrequent. After some hours, with no progress, the membranes were ruptured; chloroform administered, and delivery proceeded with; the body was with difficulty extracted as far as the shoulders, when the os contracted like a vise around the neck of the child. After fifteen minutes, when the head emerged from the os there was a distinct and sharp tearing sound, and the patient instantly collapsed. The fundus contracted promptly, and on following up the funis, it led through a rent which extended through the cervix, and perhaps into the body of the uterus; the hand followed the funis into the abdominal cavity; found the placenta, and extracted it; a large amount of blood was lost. In two hours, with stimulants, ergot and heat, reaction followed. Tympanites, offensive discharge, and considerable fever ensued, and in a month complete recovery.

Studies on Cotton Bark (Rad. Gossypii) as a Substitute for Ergot.—Prochonick read a paper with the above title before the German Gynæcological Society.

He had experimented with cotton-root bark because he thinks it desirable to find a substitute for ergot. The action of the drug when employed during the last stages of the expulsive period is inferior to that of ergot, but it produces no tetanic contractions. When given during the lying-in, the effect was very satisfactory. But the author was particulary pleased with it in gynæcological cases, in hæmorrhages continuing after the removal of remnants of abortion. In myomata, the metrorrhagias often diminished as early as after two months, but usually after three, and a reduction in the size of the tumour could also be demonstrated. Infusions of the fresh drug produce the best results. The American fluid extract is likewise to be recommended. The drug is considerably cheaper than ergot. In reply to a question by Schatz, the author added that the agent can by no means fully supplant ergot.—*Maryland Med. Jnl.*

Deep Sutures in Hæmorrhage from Lacerations.—So, if you have a post-partum hæmorrhage, and find the uterus firmly contracted, you can be sure that the blood does not come from the uterus, though you may not know where it is from, and sometimes in these cases it is from the vestibule. In these cases you can not take up the bleeding vessels one by one and tie them, but sometimes injections of cold water or applications of ice will check the bleeding. Some say you can use persulphate of iron here, but this sometimes will not stop the hæmorrhage, even after it has been in contact with the bleeding surface for an hour or two; but, as soon as you remove the cloth wet with it, the bleeding starts afresh. In such cases it is best to simply put in one or two deep sutures, extending around the two sides of the laceration, and bring the bleeding points together; this will stop the hæmorrhage at once, and with very little pain.—*N. Y. Med. Jnl.*

A Living Child after Craniotomy.—At the meeting of the Royal Society of Physicians, of Berlin, of the 18th inst., Dr. Breus exhibited a living child eighteen days old on whom craniotomy had been performed. The conjugate diameter of the mother was nine centimeters (3½ in.) On extraction by the forceps the left frontal bone was fractured during its passage over the promontory. The child, born asphyxiated, quickly recovered, without any paralysis and without pyrexia. The mother also made a good recovery.—*Louisville Med. News.*

There is a large and comparatively compact body of the public who never miss an opportunity of decrying orthodox medicine. They are dissenters in religion, and radicals in politics. They hate meat and drink, are vegetarians and teetotallers. They speak of medicine as "allopathy," and have unbounded faith in globules. They detest Jenner's discovery of the value of vaccination, which they hold at once to be useless as a protective against smallpox, and the vehicle for communicating disease.—J. Milner Fothergill in *Phil. Med. Times.*

Artificial Oysters according to the *L'Union Médicale* are coloured by copper, and cemented to the interior of old shells, and furnished to the Paris markets.

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, APRIL, 1884.

A DOMINION HEALTH BUREAU.

During the past month health matters have been very active, sanitary legislation especially being in great demand. The time of the meeting of the Sanitary Convention at Ottawa, was chosen, whether wisely or otherwisely, to coincide with the session of the Dominion Parliament. It is almost impossible to say at present whether the interest in sanitary matters was sufficiently aroused in the minds of the medical members of Parliament, as to induce them for a brief season to lay aside their political schemes, and reassume the garb of their exacting profession. Their names do not figure largely in the list of attendants at the Sanitary Convention. At a meeting held in the Railway Committee Room, House of Commons, on the Tuesday afternoon preceding the Convention, they however made a better showing. There were two Honourable Senators present, Dr. Almon, and Dr. Paquet. Amongst the members of the House were Drs. Bergin, Orton, Sproule, Hickey, Grandbois, Fortin, Landerkin, and Rinfret, and from the profession at large, Dr. J. A. Grant, Drs. Powell, Church, Horsey, Small, Playter, Robillard, Kelly, Cranston, Logan, Wilson, Corbett, and Hunter. The object of the meeting was to consider the question of the establishment of a Dominion Sanitary Bureau. Dr. Bergin was voted into the chair, and Dr. Playter requested to act as secretary. Dr. Playter submitted a

plan for such a Bureau, in which it was proposed to associate it with the Department of Agriculture, the Minister of Agriculture to be the Minister of Public Health, and to take cognisance of vital statistics, quarantine, and such other matters as came under the Federal jurisdiction. A deputy Minister was to be a medical man, appointed by the government to be *de facto* the principal sanitary officer of the Dominion. A sanitary committee to be permanently associated with the deputy Minister for counsel and advice in all matters relating to the Bureau; this committee to be appointed by government in such a way that they shall as far as possible be representative of the Provinces, and that two shall retire every year. The committee to have a salaried chairman, and secretary, medical men appointed by government. The latter to be a permanent officer. The committee to meet in Ottawa at intervals, local sanitary officers to be medical practitioners, to be appointed throughout the Dominion, their duties to consist in sending to Ottawa, monthly reports of the sanitary condition and of the nature and prevalence of epidemics in their district, $2 to be paid for each such report. This plan, it is estimated would cost about $10,000 or $12,000 for the first year.

Such in brief is the plan of the proposed Bureau as presented by Dr. Playter. The opinion of the meeting appeared to be in favour of the plan and a resolution was unanimously carried stating the desirability of the establishment of a Dominion Health Bureau associated with one of the Departments of State at Ottawa. A committee composed of Drs. Paquet, Grant, Bergin, Church, Hickey, Orton, Larocque, and Playter, was afterwards appointed to wait upon the Government with the plan under consideration. The meeting then adjourned.

Positions will thus be afforded for three medical men with salaries of from $2,000 to $1,500 each. For we opine the Deputy Minister is not going to serve the government for nothing, although in the plan no provision is made for his salary. These salaries together with the estimated 145 local sanitary officers, 12 reports at $2 each, $3,480, makes a sum total of $8,980. Leaving a balance from the proposed $10,000 of $1,020 to pay the *per diem* allowance of the committee, and to cover the costs of issuing the monthly reports and the annual report.

We respectfully submit that the proposer of the plan has made a mistake, and underestimated the cost of the establishment and organization of the Bureau. It would have been better to have named a larger sum at once, the probabilities of obtaining it are doubtless as great as those of the lesser sum.

Again, the work of the local sanitary officers as proposed will most surely conflict with the duties and privileges of the Provincial Boards, and this is not to be recommended. In other respects the plan has its features of usefulness, and will meet with the approval of medical men who have given the subject thought. Laymen who have interested themselves in health matters, are also aware of the necessity of a central Sanitary Bureau to look after those matters pertaining to the public health, which come under the proposed cognisance of this Bureau. Sir Charles Tupper has stated that no legislative change will be made in the direction of the establishment of a Central Bureau without the concurrent request of all the Provinces. It remains then for the sanitarians of the Provinces to so arouse the interest of the people of their respective districts as to demand the establishment of the proposed change, by relinquishing certain of their Provincial privileges.

THE COUNCIL CURRICULUM.

The committee appointed to consider this question propose to recommend the following changes: (1) Natural Philosophy to be added to the subjects required at the

Matriculation examination, and the following percentages to be required in the various subjects; sixty per cent. in English Grammar, English Literature, Composition, Dictation, History, and Geography; forty per cent. in Arithmetic, Algebra, and Geometry; fifty per cent. in Natural Philosophy; thirty-three per cent. in Latin. (2) Graduates in Arts to take the full course of four years as prescribed for others. (3) Botany to be struck out of Primary examination. Pharmacy to be substituted for Therapeutics in Primary. Candidate to present certificate of proficiency in mounting microscopic specimens. (4) Therapeutics to be included in Final examination. Candidates must present certificates of attendance on six *post mortem* examinations and ability to draw up a report of the same, and certificates of reporting satisfactorily six cases each in Clinical Medicine and Clinical Surgery.

PHYSIOLOGY AT OXFORD.

At a Convocation held at Oxford, on February 5th, 1884, an organized opposition was made against a grant of £10,000 which was required for the erection of a laboratory, working and lecture rooms for Dr. Burdon Sanderson, the Waynflete Professor of Physiology. After a very stormy meeting, one of the antivivisectionists condemned the use of the new schools for the fooleries of a ball room, or the museum for the horrors of a torture chamber. The Dean of Christ Church spoke in favour of the decree and remonstrated strongly against the unfair tactics of the opposition. Dr. Acland showed the misleading nature of the statements contained in the circulars issued by the antivivisectionists which were undated and unsigned and the most emphasized of the sensational extracts in them were misstated and untrue. The 'placets' had it by 188 to 149 votes. On the last occasion, when the matter was brought before Convocation there was only a majority of three votes.

TORONTO SCHOOL OF MEDICINE MEDICAL SOCIETY.

This Society, under the Presidency of Dr. Graham, has been very prosperous during the past year. The regular fortnightly meetings have been very interesting in their character, and have been well attended. The library and reading room have been highly appreciated by the members. Over two hundred dollars is now being expended in books to add to the library.

The following are the officers appointed for the coming year:—President, Dr. Cameron; First Vice-president, Mr. Sutherland, Second Vice-president, Mr. Glassford; Corresponding Secretary, Mr. Ellis; Recording Secretary, Mr. Hooper; Curator, Mr. Mullock. Council—Messrs. Johnson, Krick, Beemer, Perfect and Pickard.

ONTARIO MEDICAL ASSOCIATION.

The next annual meeting of this Association will be held in Hamilton, on the 4th, and 5th of June. The previous meetings were held in Toronto, but last year it was decided to make a change, and Hamilton was chosen. It will be remembered by all who have watched the proceedings of this Society from its inception, that the profession of Hamilton have always taken a very active and lively interest in its welfare, and we are much pleased with the decision to hold the fourth regular meeting in that city. We hope the medical men of the Province and especially Toronto will attend in full force. Further particulars will be given hereafter.

Trinity Medical Literary and Scientific Society.—The last meeting of this Society took place on March 15th. The following officers were elected for 1884-85. President, Dr. C. Sheard; Vice-President, Mr. J. R. Logan; Sec-Treasurer, Mr. F. H. Brennan; Committee, Dr. Teskey, Mr. H. H. Hawley, G. J. Dickison, J. H. Hoover.

HONOURABLE CONDUCT OF A TORONTO NEWSPAPER.

On the occasion of the recent invasion of Toronto by the notorious double Ks, the press was very extensively subsidized. One paper however refused, as it always has in connection with the same fellows, to take the shilling, considering it wrong to insert disreputable advertisements at any price. The paper referred to is the Toronto *World*, which by the way is the the cheapest, most independent, and most readable morning daily published in the Province.

MEDICAL SCHOOL EXAMINATIONS.

The present is an anxious time for the medical student. The levities and frivolities (if any there were) of the early part of the session are forgotten in the presence of the dreaded examinations. To the student who is well prepared, these should cause no serious tremblings, and yet they are to a certain extent dreaded by one and all. We believe, however, that the students of the Toronto Schools have been unusually faithful and attentive to their work during the last session, and we hope the class lists will furnish abundant proof of this. To the students we have only to say, we wish you all success.

A Lost Medical Work.—The *British Medical Journal* says that the Obstetrical Society of London desire to obtain a copy or a transcript of Woolveridge's *Speculum Matricis*. This is the earliest original work on midwifery in the English language. The only copy known to exist was in the possession of Dr. Fordyce Barker. At the request of the Society he employed a man to copy it; the man vanished, taking the book with him, and died in Europe. It is feared that the book is irretrievably lost. Dr. Aveling, in a later number of the same journal, states that a copy of the work exists in the Radford Library of St. Mary's Hospital, Manchester.

CANADA MEDICAL ASSOCIATION.

The next meeting of this Association will be held in Montreal on the 25th, 26th, and 27th of August next. The meeting of the British Association for the Advancement of Science will commence in the same city August 27th, and it is hoped that many Surgeons and Physicians connected with the latter Society will be present at our Medical Association meeting. We understand that Mr. Lawson Tait will be invited to read a paper on Abdominal Surgery.

OUR PUBLIC BUILDINGS.

The condition of some of our public buildings in Toronto, in a sanitary point of view, is simply abominable. Our City Hall, Court House, and Parliament Buildings are certainly a disgrace to the City, County, and Province. It is hard to understand why such indifference should be manifested respecting the health of public officials.

Trinity College University. — At a meeting of the corporation the subjects of matriculation in medicine were revised, and the dates of examination were fixed for the second Friday and Saturday in March and October. Examiners—Rev. A. H. Baldwin, M.A., and Rev. T. Kirkland, M.A. The primary examination in medicine of other Universities would be allowed in Trinity. The degree of M.D., C.M., to be obtained the same as the M.B. Additional lectures on Medical Jurisprudence and Sanitary Science for the degree of M.D., C.M.

The Johns Hopkins Hospital will not be opened before October, 1886, a year later than was expected. During the past year $211,000 has been expended upon it, and it is estimated that for its completion $400,000, additional is required. The annual income available to the trustees is now only $135,000, therefore it behoves them to be economical.

THE Provincial Legislature have during their recent session done some meritorious work in the passage of Acts relating to the Public Health. Notably in the Public Health Act whereby Local Boards are permitted to be established and powers conferred upon them to enforce the performance of their suggestions. The Municipal Amendment Act deals largely with the sanitary questions of drainage, etc. Other Acts with respect to the suppression and prevention of Contagious Diseases in Cattle were also passed. Want of space prevents a more extended notice of these Acts.

HYDROSALPINX AND PYOSALPINX. — Mr. Lawson Tait, writes to the *Brit. Med. Jnl.* that having carefully preserved the uterine appendages in all his cases he has accumulated a large mass of material useless to himself but which may be of use to others. Having supplied the large museums in England with as many specimens as they want, he expresses his willingness to supply other museums on application.

MR. W. D. SPANTON, in an address commenting on the work done by the Hanley Sick Nursing Establishment said, that a large class of people knew nothing of the most ordinary management of the sick; and he suggested that in place of the ridiculous headwork that some of the girls at school had to go through, they should be taught the rudiments of helpful attendance at the bedside of the sick.

A SANITARY Convention is to be held at Hillsdale, Mich., on April 17th and 18th, 1884, under the auspices of the State Board of Health. A number of interesting and important subjects are to be treated of in papers and by discussion.

CHARLES HENRY LAVELL, M.D.

Died at Kingston, on the morning of Tuesday, the 26th day of February, Charles Henry Lavell, M.D., Professor of Practical Anatomy and Ophthalmic and Aural Surgery, in the Royal College of Physicians and Surgeons, Kingston, eldest son of M. Lavell, M.D., in the thirtieth year of his age.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Feb. 28th, 1884.

The President took the chair at 8.25. The minutes were read and confirmed.

Dr. J. F. W. Ross read a interesting paper upon "The Wintering of Invalids When, Where, and How to Go: with Notes by the Wayside." Dr. Ross mentioned the want of definite information concerning the health resorts of this country, the ignorance of the special inducements of certain places and their equally special drawbacks. His remarks were based largely upon personal observation. In regard to the time when one should proceed to those places, in climates such as ours—the winter months were those in which the patient required to be absent. At the very commencement of phthisical signs in the chest, before the disease had had a chance of making headway, if the patient was pecuniarily able to go—he should start at once and remain away the entire winter. Those suffering from chronic articular rheumatism and chronic diseases of the bronchi and kidneys are likewise benefited in many cases permanently by an early flitting and by not returning until spring had well advanced. Where to go was a question of very great moment. The well-known health resorts of Italy and France are too far to be reached by a large class of patients. Florida was for many too wet; Texas subject to too many sudden changes of temperature; Southern California possessed most of the requisites of an ideal health resort. Patients should endeavour to go where the society and refinement and amusements to which they have been accustomed, are coincident with the proper climatic conditions. Santa Barbara, on the coast of California, presented most of the conditions sought for by the unfortunates. It was situated on a southern slope towards the sea—protected on the north and east from the cold and dry winds from the adjacent desert, with a satisfactory temperature and rain chart, and all the benefits of a refined and wealthy society, and was within easy reach of other resorts, as the Ojai Valley, Los Angelos, S. Gabriel Valley, etc. The patient should leave home prepared for a protracted sojourn.

The paper was illustrated by maps, dia-

grams, and some very interesting photographs of Santa Barbara.

Dr. Carson asked if there was any place in America which would be an equivalent of Davos Platz and San Moritz. He had heard Colorado extolled.

Dr. Aikins wished to know what class of cases would be benefited by a residence in high altitudes.

Dr. Nevitt said that Dr. Reed, of Colorado, had written upon the subject of high altitudes in the treatment of phthisis, and advocated Colorado Springs for certain cases. Dr. Theodore Williams had found those cases benefited most by the high altitude whose disease was limited, the subjects of hæmorrhage, but not those subject to pyrexia. The chest measurements were generally increased and the area of dulness diminished, emphysema was usually developed, possibly by the greater respiratory exertion induced by the rarefied air.

Dr. Smith, in the absence of Dr. Spencer, presented a patient. He was a young man from the lumbering districts—no specific history obtained. He had numerous and deep mucous patches in the mouth; the tongue was fissured; there was glandular enlargement; there had been no rash; the hair had been falling out. He had been in the habit of smoking the pipes of his indiscriminate companions.

Dr. Ross presented the stomach of Mrs. D., with the following history:—Mrs. D., æt. 66. Father died suddenly, æt. 77; mother died of paralysis, æt 86. Two of her sisters are dead, one æt. 7 and one at birth; one sister and four brothers alive and well. Married young; husband died seven months afterwards; had one miscarriage at five months; three years ago had typhoid fever. Until three years ago was apparently well. Twelve months ago was ill with so-called remittent fever. In July, 1883, had a severe chill, pain in bowels, diarrhœa and tympanites, vomiting, anorexia, emaciation; skin became yellowish in colour. Never noticed any abdominal lump until lately. The tongue is red; appetite poor; takes beef tea and oysters without pain or discomfort; no vomiting for several days; some diarrhœa present, passing mucous shreds. Pulse 116; right foot swollen; left foot never swelled; respiration 36; no cough. The *post mortem* disclosed a cancerous enlargement of the lower and posterior portion of the stomach adherent in part to the pancreas; the right kidney was cystic.

Dr. Cameron exhibited a placenta illustrating fatty degeneration, and giving rise to premature delivery:—Mrs. C., *æt.* 28; Irish; nine months married; menstruated last on June 5th; a show in July after a long walk, and again in August; was sent for on February 5th. The night previous she had been taken with pains in the back and stomach, which had since continued, and she thought she was about to be delivered of her first child. She had not expected to be ill for another month. On examination *per vaginam*, a large, broad, hard swelling was felt bulging the uterine wall behind the bladder; the cervix was high up posteriorly dangling loosely in the vagina and sufficiently patent to admit the index finger, and within a flaccid bag of waters was palpable. The presentation could not be ascertained. By external manipulation it was made out to be transverse, the breech in the right iliac fossa, the head in the left, the back towards the mother's abdomen. The fœtal heart beats could not be detected, and the fœtus was small. Attempts at rectification by external manipulation were made, and the case left. Three hours later the pains had continued vigorously, os well dilated, head presenting, the bones of the skull being exceedingly mobile. The anterior lip was resistant, and between the pains it was slipped up over the occiput. Delivery was accomplished within an hour of a dead fœtus, the skin universally macerated and desquamating. The nails were pretty well formed. Pressure was at once made upon the fundus, and on detachment of the child so little cord was present that it occurred to me that it must be coiled up in the uterus, and its descent perhaps prevented by the engagement of the edge of the placenta in the cervix. Accordingly slight traction was made, it was felt to slip, and gentle traction being again made the cord came away entire. It proved to be fourteen inches long. Two fingers were passed up into the uterus and grasped the edge of the placenta, which after some pretty strong pains and firm pressure, came away. It was very small and presented here and there numerous patches, yellow in colour, hard and resistant to touch, and varying in size from a pea to an almond in the shell. There had been no history of syphilis. Microscopical examination showed

fatty degeneration with inflammatory infiltration and organization in parts.

Dr. Macdonald exhibited a placenta.—Mrs. A., æt. 22, primipara, menstruated last in September; morning sickness was very troublesome. In December choreic symptoms set in, affecting the right upper extremity especially; but extending to the right leg and foot. The chorea was treated with liq. arsenicalis and oxalate of cerium in two grain doses with some relief. About four weeks ago the fœtal movements ceased to be felt, and afterwards the chorea disappeared. After a very rough drive pains set in, and there was a show, and one week after delivery took place. Six weeks before delivery she lessened in size. The placenta was small, hardened, and degenerated in spots. There was very little tissue left to carry on the fœtal nutrition.

Dr. Cameron considered the spots to be hæmorrhagic.

Dr. Carson thought the oxalate of cerium in the doses given by Dr. Macdonald would possess little power for good or ill. He had been in the habit of administering it in ten grain doses.

Dr. Graham communicated the history of M. H., æt. ten and a-half: Light hair and complexion. Two months ago noticed dizziness of the head; she then complained of being tired. About ten days ago the amount of urine passed was found to be increased and to have a peculiar odour. She has to rise at night to micturate; has been losing flesh. At school she was as bright as children usually are and her progress had been good. She has had no severe illness. The quantity of urine passed in twenty-four hours amounted to five pints.

Family History.—There are two children living, two dead; one æt. seven, died last autumn of diabetes. He had been failing for some weeks. Six weeks before death treatment was begun. He was in bed only four days before death.

The other child died of cholera infantum after twelve hours' illness.

Of the two children living one is the patient and the other a boy eighteen months of age.

There was as far as known no diabetes on either side of the family. Two of the father's brothers died from inflammation of the lungs, one from accident. One sister died of cancer, æt. 34; another of womb trouble, æt. 35-38; another of some affection of the liver.

The patient, appears dull and heavy; pale; bowels constipated; frequent thirst; appetite fair; temperature 99°; pulse 96°. The mouth frequently becomes dark red in colour.

It was not unusual that some members of a family should suffer without a family history of the disease. The father appeared to be of a nervous disposition.

Dr. Ross mentioned a case where two members of an otherwise healthy family suffered from diabetes. They were begotten while the father was drinking heavily.

Dr. Graham related the history of W. L., æt. 45: Hotel keeper for five years. Seven years ago he gave up hotel life and worked hard on his farm; never had ague; was very ill with measles at twenty years of age. Six years ago he had a severe illness. It began by his feeling sleepy, dull and weak. No appetite; nausea; took to his bed; jaundice set in and remained during his illness, a period of three months. He had a burning sensation in the soles of his feet. Before the jaundice set in he was very pale. He gradually recovered strength and remained fairly well until last March. He then began to feel the same train of symptoms: sleepiness, dullness, weakness, pallor; no jaundice. He took to bed on April 25th, and remained there until the latter part of August. He was unable to retain food, much emaciated, constipation very troublesome; at one time three weeks intervened without a passage from the bowels. His temperature was at or over 102° for weeks. During the latter part of his illness, he took a fancy for buttermilk which he retained on his stomach. Recovery slowly followed. He is now for the third time experiencing a recurrence of the same set of symptoms.

A diagnosis of pernicious anæmia was suggested.

Dr. Ross mentioned a case of a lady from Chatham whom he had lately seen with somewhat similar symptoms. She had had a rigor with high temperature, diarrhœa and vomiting; for weeks the only food retained was peptonized milk. The spleen was tender but not enlarged. She went home improved. He considered a relapse almost certain.

Dr. Cameron suggested the likelihood of malaria being the cause of her trouble, and a removal from the malarious Chatham district as likely to be of benefit to her.

Dr. Carson related a case of hæmatemesis which he had treated without styptics. Noticing that she had the pulse of high arterial tension, he had given her bromide of potash to dilate the capillaries, and gray powder to act on the bowels. On a second occasion nitrite of amyl proved equally efficacious in relieving her.

SANITARY CONVENTION AT OTTAWA.

This Convention met in the City Hall at 11 a.m., March 11th. Dr. Sweetland, of Ottawa, in the chair, welcomed the gentlemen who had come to hold their annual meeting in Ottawa. The object of the Association was to disseminate sanitary knowledge amongst the mass of the people. He hoped the ladies would also attend, as they were so largely interested in sanitary reforms.

His Worship, the Mayor of Ottawa, welcomed the delegates, hoping the city would reap much benefit from the meeting.

Amongst those present were Drs. Oldright, Covernton, Cassidy, Canniff and Bryce, of Toronto; Mr. Boxer, Montreal; Drs. Hill, Robillard, S. Wright, Baptie, Playter, and Henderson, of Ottawa; Landerkin, M.P., and Rae, of Oshawa; M. Guerin, C.E., and others.

Dr. Oldright read an introductory address, in which he pointed out the importance of Hygiene, and how frequently it was overlooked. Sanitary reforms had effected a very great saving of life. Nearly one and a half lives per 1,000 had been saved yearly by means of the reforms introduced since 1875. Applied to Ontario this would mean a yearly saving of 2,800 lives. The institution of local boards of health, with power to carry out sanitary reforms, were responsible for this good. Doubtless, if in Ontario we could have such local boards, a very great proportion of the deaths from contagious diseases and from consumption could be prevented. The time was approaching when the Dominion would require a sanitary board. The Dominion Government alone being able to deal with the importation of disease by immigrants, the adulteration of food, prevention of loss of life in factories, and quarantine and vital statistics. These matters would furnish sufficient work to occupy the time and attention of a Dominion Board and prevent any fear of interference with Provincial Boards. There was also much that could be done conjointly by the Dominion and Provincial Boards. The Provincial Board of Health had accomplished a vast deal of work since it was organized, though much remained to be done. An effort was being made to establish local boards throughout the Province in order to carry out sanitary suggestions that may be made.

Dr. Covernton said that in the last ten years the death rate in Great Britain was diminished by 300,000 as compared with the rate of the previous decade. He instanced the death rate in the hospitals of the Crimea with that of the hospitals during the American War—seventy-five per cent. of the French soldiers dying in the former, while in the latter only thirty-four per cent. died. He said that he regarded the accumulation of filth as the gunpowder and the disease germ as the spark—when they are brought together there is necessarily an explosion.

Dr. Robillard expressed his pleasure at seeing the Convention in Ottawa. He hoped much good would result from the Convention. He knew of many cases of disease caused by sewer gas escaping into houses.

Mr. Boxer said that last year thirty-one per cent. of the deaths in Montreal were from zymotic diseases, and in almost every case he had investigated the drains had been found defective.

At the afternoon session Dr. Canniff read a paper on the "Sanitary Education of the Masses."

Dr. Baptie delivered an address illustrated by numerous diagrams, on the ventilation of private dwellings.

Dr. Covernton read a paper on "The Abuse of Alcohol." He was not opposed to the moderate use of good wine. The principal beverage of the French peasantry was a light claret, and drunkenness existed among them to a very slight degree. He considered that the want of food led to the abuse of alcoholic stimulants quite as much as drunkenness conduced to poverty, and the drunkard in many cases was entitled to pity and assistance.

Mr. Woods, M.A., read a paper on "School Hygiene;" Dr. Bryce on "Zymotic Diseases;" Mr. Boxer, C.E., of Montreal, on "Hidden Causes of Disease Exposed;" and Dr. Roger, on "Prevention Better than Cure, or Ventilation *vs.* Quarantine."

Dr. Playter read a paper on "Diet in Relation to Disease," in which he attributed many evils to an over-indulgence in animal foods. He recommended cider as a beverage and saline drinks.

Mr. T. Guerin, on "Sewage," advocated no openings into the sewers on the streets, and that all pipes leading from the houses should be sufficiently trapped.

After the morning's meeting of the Sanitary Convention, a meeting of the medical men attending it, and some members of Parliament, held a meeting to advocate the establishment of a Dominion Sanitary Bureau. After some discussion the matter was postponed until after the next meeting of the Dominion Medical Association.

PROVINCIAL BOARD OF HEALTH.

Wednesday, February 6th, 1884.

First Regular Meeting for 1884.

The Board met at 2 p.m. The President in the chair and the following members being present:—Drs. Covernton, Cassidy, Rae, Yeomans, and Prof. Galbraith.

The minutes of last meeting were read and confirmed.

Correspondence and routine business ensued when the Board went into committee to consider the Report of the Legislative Committee.

February 7th.—The Board met at 10 a.m.

A communication was read from the Minister of Education in reference to the preparation of a work on School Hygiene. Dr. Oldright, Covernton, Cassidy, Yeomans, and Rae, were appointed a special committee to prepare the work indicated.

February 8th.—At this meeting of the Board a motion was carried appropriating a sum not to exceed fifty dollars for the purpose of a course of lectures upon Sanitary Subjects in connection with the Canadian Institute, provided that the matter meets with the approval of the Canadian Institute.

The expenses in connection with the publication of the weekly health Bulletin was next taken into consideration, and the Publication Committee requested to devise means to lessen these expenses.

The proposed bill from the Expropriation Association was then read by Dr. Oldright. The matter was referred for report to a special committee composed of the Committees on Sewage Ventilation, and on Contagious Diseases. The meeting then adjourned.

Book Notices.

Winnipeg Public Vaccination Notice. W. J. Wilson, M.D., Public Vaccinator.

Peroxide of Hydrogen in Diphtheria, by R. J. Nunn, M.D., Savannah, Ga.

Report of the Medical Officer of Health for the City of Toronto, January, 1884.

Annual Announcement of Cooper Medical College, San Francisco. Session 1884.

Estudios Clinicos de Neuropatologia, por José Armangué y Taset, Barcelona, 1884.

Annual Report of the Presbyterian Eye, Ear and Throat Charity Hospital, 1883, Baltimore, Md.

Announcement of the Baltimore Polyclinic and Post-Graduate Medical School. Session 1884. Baltimore, Md.

Medical Symbolism, by T. S. Sozinskey, M.D., of Philadelphia. (Reprint from *Medical and Surgical Reporter.*)

Weekly Health Bulletins for February, 1884. Provincial Board of Health. P. H. Bryce, M.A., M.D., Sec.

New York State Medical Association. Minutes of a convention for organization, Albany, N.Y., Feb., 1884.

Annual Address before the American Academy of Medicine, at New York, Oct. 10, 1883, by Henry O. Marcy, A.M., M.D., President.

The Opium Psycho-Neurosis — Chronic Meconism or Papaverism, by C. H. Hughes, M.D., St. Louis. (Reprint from *Alienist and Neurologist.*)

Borderland Psychiatric Records—Prodromal Symptoms of Psychical Impairment, by C. H. Hughes, M.D., St. Louis. (Reprint from the *Alienist and Neurologist.*)

Is Extirpation of the Cancerous Uterus a Justifiable Operation? By A. Reeves Jackson, A.M., M.D. (Reprint from Vol. VIII., *Gynæcological Transactions*, 1883.)

A Report on Cerebro-Spinal Pathology, by Daniel Clark, M.D., Medical Superintendent Asylum for Insane, Toronto. (Reprint from the *American Journal of Insanity.*

Introductory Address to the Course of Clinical Lectures at the Hospital for Women, London. Session 1883-4, by Protheroe Smith, M.D. London: J. & A. Churchill.

Proceedings and Addresses at a Sanitary Convention, held at Pontiac, Mich., Jan. 31, *and Feb.* 1, 1883, *and at Muskegon, Mich.*,

Aug. 23 *and* 24, 1883. (Supplement to Report of Mich. State Board of Health for 1883. Nos. 200 and 198.)

Hydriodic Acid, and Dr. Churchill's Method of Treating Phthisis by Hypophosphites. Pamphlet by Robt. W. Gardner, Pharmaceutical Chemist, 158 William St., New York.

Weekly Meteorological and Health Reports for the State of Michigan, and Monthly Mortuary Statistics for the City of Lansing, by H. B. Baker, M.D., Secretary State Board of Health.

Our Water Supply. Suggestions as to the Water we Drink, and Where to Get it From. (Read before the Manitoba Historical and Scientific Society, Winnipeg, by Dr. Agnew, 1884.)

Hysterical Convulsions (Reflex), Perineorrhaphy and Trachelorrhaphy. Report of Case, Recovery, by Thos. H. Hawkins, M.D., Denver. (Reprint from the *Denver Medical Times.*)

Health and Home. A Journal of Sanitary Science and Home Hygiene and the Official Organ of the Canadian Sanitary Association. Vol. I., No. I. Fred. N. Boxer, Civil and Sanitary Engineer, Manager and Editor, Montreal.

A Treatise on Pharmacy, designed as a Text-book for the Student and as a Guide for the Physician and Pharmacist, by Edward Parrish. Fifth edition, enlarged and thoroughly revised by Thos. S. Wiegand. Philadelphia : Henry C. Lea's Son & Co., 1884.

This old and valuable work in its fifth edition, is fully brought up to date. Its many excellencies are undiminished. The preparations of the New U.S. Pharmacopœia have been introduced, and the chemistry made to conform with the requirements of the chemical science of to-day. We cordially recommend the book to those who may require to compound or manufacture, or dispense their medicines, feeling sure, from a lively recollection of the comfort and assistance personally received from an older edition, that the present work will render those in need of it a similar amount of satisfaction.

A Manual of Obstetrics, by A. F. A. King, M.D. Second Edition. Phil.: Henry C. Lea's Son & Co., 1884.

A convenient little book, going over the outlines of Obstetric Science in a sketchy manner, confessedly a compilation, but nevertheless, a good one. The author never uses chloroform in obstetric practice, preferring the safer agents, ether and chloral. Of chloral, he leaves one to infer only, that it does not succeed sometimes in accomplishing the end aimed at. In our experience it has frequently been of no apparent service. He regards Puerperal Fever as Septic Fever, which may be auto-or heterogenetic. The concluding chapter takes up and gives a good resumé of the Jurisprudence of Midwifery.

For those who have an unfortunate predilection for small manuals we can recommend this work as being more than usually free from the ordinary drawbacks of that class of books.

The International Encyclopædia of Surgery. Edited by John Ashhurst, jr., M.D. In six volumes. Volume IV. New York : Wm. Wood & Co.

Of the seven contributors to this volume, three are English, three American, and one Canadian. The first article, on Fractures, by Dr. John H. Packard, of Philadelphia, is very complete in every respect. Mr. Barwell, of Charing-Cross Hospital, London, writes the second article on Diseases of the Joints. This surgeon is so well known, even in this country, in connection with this subject, that a valuable treatise would naturally be expected. Such expectations will certainly be realized in its perusal. Dr. Ashhurst's article on Excisions and Resections is perhaps rather brief, but is certainly a most excellent one. The directions given in the different operations are very plain, while concise, and are well illustrated. Dr. Fenwick, of Montreal, in his article on Excision of the Knee Joint, describes his own method of performing that operation.

Mr. Butlin, of St. Bartholomew's Hospital, London, writes on Tumours ; Mr. Treves, of the London Hospital, on Malformations and Diseases of the Spine ; and Dr. Liddell, of Bellevue Hospital, New York, on Injuries of the Back, including those of the Spinal Column, Spinal Membranes, and Spinal Cord. We are pleased to be able to say that these articles admit of no adverse criticism.

A Manual of Practical Hygiene, by Edmund A. Parkes, M.D., F.R.S. Edited by F.

S. B. François de Chaumont, M.D., F. R.S. Sixth edition with an appendix, giving the American practice in matters relating to Hygiene, prepared by and under the supervision of Frederick N. Owen, Civil and Sanitary Engineer. Vol. II. New York: Wm. Wood & Co., 1883.

This is the November number of Woods Library. Beginning with the continuation of Book I. of Parkes' Hygiene, on Habitations, the subject matter is that of the original work. At page 391 the American Appendix is reached. It was with considerable interest, and some degree of curiosity that we turned to this portion of the work. And as we turn over the pages the conviction grows stronger that the American practice in matters relating to Hygiene, does not differ in any marked degree, or in any essential points from the practice of other nations and peoples similarly situated. An introduction by Mr. Owen, gives a short account of the rise and progress of Sanitary matters in the United States, and then follows a lengthy paper on Water, by Elwyn Waller, of New York; a paper by N. L. Britton, Ph.D., on American Soils; Climatology by J. G. Richardson, M.D.; Ventilation and Warming by D. F. Lincoln, M.D.; Removal of House Waste by Edward S. Philbrick, M.A., S.C.E: Food Adulteration by E. G. Love, Ph.D; Disinfection and Deodorization and Vital Statistics by Roger S. Tracy, M.D., and the whole concludes with some Hints to Sanitary Inspectors by Mr. Owen.

The Essays of the American Supplement are all excellent articles, some of them short but to the point.

The Field of Disease: a Book of Preventive Medicine, by Benjamin Ward Richardson, M.D., LL.D., F.R.S., 1884. Philadelphia: Henry C. Lea's Son & Co.

The American publishers deserve commendation for the efficient manner in which they have reproduced Dr. Richardson's work and issued it to the American Profession. Let us hope that by their avowed purpose of laying it before the Profession, they do not intend to exclude it from the more numerous class of readers to whose especial needs the author has catered in so eminent a manner. That the subject matter is put clearly, forcibly, and pleasantly, goes without saying. It is a philosophical classification of Diseases, of their causes and origins, and of their preventions. The science of Preventive Medicine is the science of the medicine of the future. No physician can even now afford to be ignorant of the causes of disease so far as they are known, and the deeper the knowledge of the cause the more liability there is of acquiring the knowledge of the best means of preventing the operation of the malific cause.

The work is divided into three books, with a short introduction to each, upon Diseases, Acquired Diseases, and a Practical Summary of the Origin, Causes, and Preventions of Diseases.

Our Legislators at Toronto and at Ottawa who have in contemplation schemes affecting the public health of Canada would doubtless derive great benefit by carefully perusing pages 704 to 711 of this work. Not that they will receive new ideas, but rather that their conception of the duties and requirements of health officers may be enlarged and strengthened—that their belief in the benefits to accrue to the people from the establishment of health boards and sanitary bureaus may be confirmed, and that they may be able to give a reasonable account of the faith that is in them.

Let the book go to the public. Let the public read it, for it is eminently readable, and it will follow that the questions with which they will inevitably ply their physician will for very shame compel him to study those matters more deeply in order to give a satisfactory reply to his intelligent and anxious questioners.

Personal.

Dr. Burns has returned from Florida.

Dr. Winstanley is still in Southern California.

Dr. Holmes has left Toronto to resume practice in Goderich.

Mr. Christopher Heath is preparing a Surgical Dictionary.

Dr. S. Grafton (Toronto, '83), has returned from England.

Drs. Osler, and Howard, jr., of Montreal, sailed for Germany last week.

Dr. Isaac Bayley Balfour has been appointed Professor of Botany at Oxford.

Surgeon General Hunter is to be made a Knight Commander of the Order of St. Michael and St. George.

Dr. James B. Hunter has resigned his position on the staff of the New York Skin and Cancer Hospital.

M. Tarnier succeeds the late Professor Depaul, as professor of obstetrics and diseases of women and children.

Surgeon Gunnell has been appointed Surgeon General of the United States Navy, to succeed Surgeon General Wales.

Dr. Lunsford P. Yandell, senior editor of the *Louisville Medical News*, died suddenly at his residence on the 12th ult.

Canadians Abroad—R. K. C. G. McCorkill, Canada ; D. A. McCrimmon, Ontario ; were admitted L.R.C.P. & S., Edin., in February.

Dr. Krauss has been elected to represent the Woman's Medical College upon the corporation of the University of Trinity College.

Chevreul, the celebrated chemist, who for over fifty years has been director of the Gobelins factory at Paris, has been placed on the retired list, on full pay. Although ninety-eight years of age, he claims that his forced retirement is premature.

Miscellaneous.

Talmage on Doctors. — Encourage all physicians. You thank him when he brings you up out of an awful crisis of disease; but do you thank him for treating the incipient stages of disease so skilfully that you do not sink as far down as an awful crisis? There is much cheap and heartless wit about the physician; but get sick, and how quickly you send for him. Some say doctors are of more harm than good, and there is a book written, entitled "Every Man His Own Doctor." That author ought to write one more book and entitle it "Every Man His Own Undertaker." Do you think physicians are hard-hearted because they see so much pain? Ah, no! The most eminent surgeon of the last generation in New York came into the clinical department of the New York Medical College when there was a severe operation to be performed upon a little child. The great surgeon said to the students gathered around him: "Gentlemen, there are surgeons here who can do this just as well as I can. You will excuse me, therefore, if I retire. I cannot endure the sight of suffering as well as I once could." There are so many trials, so many interruptions, so many exhaustions in a physician's life that I rejoice he gets so many encouragements. Before him open all circles of society. He is welcomed in cot and mansion. Children shout when they see his gig coming, and old men, recognizing his step, look up and say, "Doctor, is that you?" He stands between our families and the grave, fighting back the disorders that troop up from their encampments by the cold river. No one ever hears such hearty thanks as the doctor. Under God he makes the blind see, the deaf hear, the lame walk. The path of such is strewed with the benedictions of those whom they have befriended. Perhaps there was in our house an evil hour of foreboding. We thought all hope was gone. The doctor came four times that day. The children put aside their toys. We walked on tip-toe and whispered, and at every sound said, "hush!" How loud the clock ticked, and, with all our care, the banister creaked. The doctor stayed all night and concentrated all his skill. At last the restlessness of the sufferer subsided into a sweet, calm slumber, and the doctor looked around to us and whispered, "The crisis is past." When, propped up with pillows, the sick one sat in the easy chair, and through the lattice the soft south wind tried hard to blow a rose-leaf into the faded cheek, and we were all glad, and each of the children brought a violet or a clover-top from the lawn to the lap of the convalescent, and little Bertha stood on a high chair with the brush smoothing her mother's hair, and it was decided that the restored one might soon ride out for a mile or two, our house was bright again. And as we helped our medical adviser into the gig we saw not that the step was broken or his horse sprung in the knees. For the first time in our life we realized what doctors are worth. In some of our minds among the tenderest of our memories is that of the old family physician.—*Louis. Med. News.*

During the Russo-Turkish war, 1877-78, the combined force of the Russian army numbered 933,000. Of this number 88,166 perished by disease, and 36,455 by wounds received in battle. These results indicate a very inefficient medical service.—*Maryland Med. Journal.*

THE

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TORONTO, MAY, 1884.

Original Communications.

A PECULIAR CASE OF SUPPURATIVE DISEASE.

J. E. GRAHAM, M. D.

The following case presents features which differ from those of any ordinary disease in our classification, and on that account it is worthy of special attention. Mrs. S., æt. 44, married, came under my observation January, 1882. She is the mother of six living children who are all in a fair state of health. Three have died, one a premature birth, a second of tabes mesenterica when three years of age, and a third of cholera infantum. Patient was strong and healthy up to eight years ago. She first noticed a pain in the side which her physician said proceeded from the spine. During that summer she had constant flooding. In September an abortion took place. From this she recovered and remained well for a year. She then gave birth to another child, making a good recovery after her confinement. In the following March, 1876, she suffered from congestion of the lungs from which she did not quickly rally. She then noticed swellings on each side of the neck. In a few weeks they were lanced and discharged a large quantity of pus. The discharge continued throughout the whole summer. In the autumn they healed up entirely, and she was free from disease during the winter. In June of the following year, 1877, another swelling appeared on the neck; it was superficial and rapidly disappeared. In January of 1878, an abscess formed quite rapidly under the left breast. In three or four weeks it was lanced and it healed up rapidly. The next appearance of trouble was in February, 1880, four or five months after the birth of the youngest child. Abscesses then commenced to form in the neck and in the subcutaneous connective tissue over the left breast. The latter was a very large one, eight ounces of pus having been evacuated from it at one time. The discharge continued for nearly a year.

During the past year, *i. e.*, 1881, the old scars in the neck have opened, and many new abscesses have formed in that region as well as in the arms and hands. They have commenced either in the lymphatic glands or in the connective tissue. They began first as hard tumours which would soften slowly when pus was formed of a yellow and "laudable" appearance.

Family History.—Her father died of consumption when he was forty years of age. Her mother died after confinement; she does not know the exact cause. Patient has five brothers and one sister all healthy. Consumption existed in her father's family, as his brother also died of it. As previously stated patient has six children, two born after the commencement of the present disease. These two are not strong but they do not suffer from any particular disease.

Present Condition.—The patient is a small and delicate looking woman, somewhat emaciated and scarcely able to walk.

She has a dark sallow complexion, and dark hair. The neck on both sides presents a number of scars. In some cases the cicatricial tissue is covered by scales. On the back of the left hand there is a large red surface having in its centre an elevated patch showing the position of a former abscess. On one of the fingers at the first joint is a swelling which is discharging pus.

I ordered at first cod liver oil and iron tonics.

During the following month, February, an abscess formed in the sole of the foot, which for five or six weeks gave rise to a great deal of pain and rendered walking impossible. It was lanced and discharged a large quantity of pus. It began in the deeper structures of the foot, and was very slow in coming to the surface.

At the first joint of the ring finger mentioned before, there now exists an ulcer presenting excessively irritable granulations.

In the early part of March, the cod liver oil and tonics were left off and calcium sulphide was given instead. The dose at the beginning was one-tenth grain which was increased to $\frac{1}{4}$ gr. three times a day.

No new abscesses formed after the administration of the drug. Some swellings which appeared to be the starting points of new abscesses disappeared rapidly. In six or eight weeks she became quite well and remained so during the summer.

The various abscesses ceased discharging, and there remained only cicatrices to mark their former situations.

The calcium sulphide was administered in gelatine capsules.

In November, 1882, the disease again returned. It began with some small swellings on the neck which gradually increased in size, coalesced and discharged small quantities of pus.

She then noticed a swelling in the connective tissue around the meta-carpo-phalangeal joint of the thumb of the right hand, and at the same time tenderness and swelling around the first phalanx of the index finger of left hand. These two swellings seemed to keep pace with one another in rapidity of growth. They were exceedingly painful and in a few weeks softening and suppuration took place. They were lanced when a large quantity of thick yellow pus was discharged. During this time her health ran down so that she was unable to leave the bed. There was slight febrile movement, quickened pulse and elevated temperature.

March 8th, 1883.—The abscesses above mentioned are still discharging a thin light coloured fluid. During the past week small superficial abscesses have formed at the seat of the old cicatrices in the neck. They have very thin walls and in many instances rupture spontaneously leaving ulcerating surfaces.

It has been frequently noticed that when a new crop of abscesses form, the scars where old ones have existed show a tendency to ulceration. The patient's general health has somewhat improved.

March 9th.—A microscopical examination of the blood showed the red corpuscles diminished in number, and the white somewhat increased. Of both kinds 3,500,000 were found in a cubic cent. and there was one white to sixty red. No change in the appearance of the red corpuscles. Examined also the pus from several different abscesses, found the following: Pus corpuscles, granular matter. Some large cells (round) twice or three times the size of ordinary pus corpuscles; the latter were few in number. Rod like bodies in all probability bacteria. Mass made up of an aggregation of pus corpuscles adherent together and undergoing granular degeneration.

April 9th.—Patient has been suffering for the past two weeks from intermittent diarrhœa accompanied by severe pain. Blood and matter has been found in the passages. There is a good deal of tender-

ness in the abdomen. Had to stop the sulphide of calcium pills on account of the nausea which they produced.

April 19th.—This evening Mrs. S., is not so well; temperature, 101°; pulse, 102; breathing, 30, not so regular, rapid and distressed; bowels of late have never been regular; the least change in diet excites diarrhœa.

April 20th.—Patient much better; fever, absent; pulse, 96. She complains of difficulty of breathing; diarrhœa has again returned. The passages contain pus and blood. On examination of chest, find what I had frequently noticed before, bronchial breathing at both apices. Noticed also to-day fine crepitation throughout the left lung.

June 1st.—Patient has been gradually becoming weaker; diarrhœa persistent; it is temporarily controlled by opium. The abscesses in the neck and hands have very much improved. The discharges from the bowels contain mucous and blood. There was constant cough with very free expectoration which was examined for bacilli of tuberculosis several times without success. The apices of both lungs presented symptoms of consolidation, on three or four occasions large quantities of matter were coughed up as if from an abscess.

June 5th.—Patient has lost strength rapidly. Abscesses have again formed in the neck, in the axilla of the right side and in both wrists. Those in the neck discharge large quantities of thin pus, which runs freely from the incision. The connective tissue between the muscles of the neck is infiltrated with pus.

June 18th.—Opened a large abscess in the axilla; pus flowed freely from the incision; a hæmorrhagic condition has developed during the last two or three days. The sputa is mixed with blood and a sero-sanguinolent fluid is discharged from some of the abscesses.

June 19.—Patient gradually sank and died this afternoon. She retained consciousness until the last moment.

Post-mortem examination made twenty hours after death.—There was considerable emaciation, and the presence of scars showing the position of former abscesses. Pus ran out from several abscesses, which still remained open. On making an incision adipose tissue was found of a yellow colour.

Thorax.—Pleura adherent on both sides; heart very small, presenting fatty infiltration; valves healthy; blood fluid in character.

Lungs.—The lower lobe of right lung was congested, at the apex, on the same side there was consolidation, which appeared to be produced by extra amount of fibrous tissue. In the consolidated portion cavities existed. How these were found could not be satisfactorily explained On gross examination there did not appear to be any tubercle. The cavities were lined by a smooth membrane. In the left lung the same appearance existed at the apex. Several of the bronchial glands were enlarged, and in only one was any cheesy deposit found. In it there was also calcification.

Liver.—Was normal in size; but was fattily degenerated.

Spleen enlarged and soft, presented extravasation; kidney presented infarcts, particularly in the left. In both the capsule was not adherent. The parenchyma was distinctly fatty. In the right found an abscess with inspissated pus.

Intestines.—At the ileo-cæcal valve there was a good deal of induration and some destruction of tissue.

In the mucous membrane of the intestine above and below the ileo-cæcal valve ulcerations mostly round and varying in size were found. No peritonitis; very slight enlargement of the mesenteric glands.

Microscopical examination.—The kidneys presented a slight lardaceous deposit near the small arteries. There was also found in various parts dilated convoluted tubes.

We have here a case in which the illness extended over seven years. The principal

feature was the formation of abscesses, partly of the lymphatic glands, but chiefly in connective tissue in various parts of the body. The abscesses formed slowly; began first as small nodules, which gradually increased in size, softened and discharged pus of fluid character. Suppuration continued a long time—in some as long as a year. They all healed up except in the latter stages of the disease. Some of the cicatrices were bound down to bone, showing that the periosteum had been affected, but in no case was this caries or necrosis, except during the last eight or ten weeks in the meta-carpo-phalangeal joint of the thumb.

There was some slight caseation, but the pus was as a general rule healthy in appearance. The febrile disturbance was not very marked, but emaciation followed the formation of the larger abscesses. No general enlargement of the lymphatic glands existed. The spleen was normal in size, and the lungs were frequently examined, and except during the last two months were found healthy.

The question now arises by what name shall we call this disease. It resembles in many points pyæmia, and if there was such a condition as pyæmia so chronic as to last for years this case might be put under that head. In many points, however, this case differs from ordinary pyæmia. There were no rigors and the amount of fever was slight until the last few weeks. No local condition was found, such as dead bone, which could have given origin to septic poisoning.

A differential diagnosis must then be made between the following diseased conditions, Hodgkin's disease, syphilis, tuberculosis and scrofula.

It has been asserted that there are occasional cases of Hodgkin's disease accompanied by suppuration, but in them, there was a general enlargement of the glands or enlargement of the spleen; none of these conditions existed in this case. On microscopical examination no lymphoid deposits were found in any of the organs. Abscesses also were found in the connective tissue more frequently than in the gland. Syphilis is excluded as there is no history. Children born after commencement of disease showed no signs of hereditary syphilis. With regard to the two other diseased conditions, it would be necessary first to clearly define the difference between the two conditions, tubercle and scrofula before taking up the relationship which this case bears to either one. On this point the most opposite views have been entertained. Some consider scrofula to be a predisposing cause of tuberculosis and others, as for instance Mr. Treves, who has written a very valuable treatise on this subject claims that the two processes are identical, the one attacking particularly the lungs and the other the lymphatic glands.

By recent investigation however a sharp line may be drawn between the two diseases so far as the pathology is concerned. Although there may still be a wide difference of opinion as to the bacilli discovered by Koch being the cause of tuberculosis, most authorities are agreed that the presence of these bacteria is an indisputable evidence of tuberculosis. If by a proper microscopical examination of the discharge or the parts affected we discover bacilli, the case may be put under the head of tuberculosis whereas if they are not found the case is probably one of scrofula. Repeated examinations were made of the sputa and purulent discharges in this case and no bacteria were found. According to this view we must come to the conclusion that we have here scrofula in the adult to deal with. This is confirmed by the post-mortem as no tubercle was found in any part of the body.

What then is scrofula? Mr. Treves, to whose article I have previously referred, gives the following definition: "It is a tendency in the individual to inflammations of distinctive features, these are as follows: They are usually chronic and may be in-

duced by very slight irritation and persist after the irritation is removed. Such exudations show a remarkable tendency to resist absorption and to linger in the tissues, the affected areas becoming rapidly non-vascular. Among the common products of the inflammation are giant cells. The tendency of the process is to degenerate and not to organize and the degeneration usually takes the form of caseation. At the same time these inflammations have a tendency to extend locally and infect the adjacent parts, and their products present certain peculiar properties when inoculated upon animals. Lastly a great feature of all these processes is they tend to commence in and to most persistently involve lymphatic tissue."

Duhring in his work on skin diseases, says, "Of scrofulides as a rule the affection begins in one or more lymphatic glands, which become swollen and permanently enlarged, constituting firm roundish or oval tumours unattended at the beginning by redness or pain. They increase in size slowly, having attained certain dimensions they undergo softening. The skin covering them becomes hyperæmic, chronically inflamed, of a violaceous hue, thin and sensitive. In the course of time fluctuation is experienced and the tumour breaks down, discharging pus, bloody serum, and a whitish or yellowish flaky caseous matter. The discharge continues oozing for an indefinite period. The glands break down completely, terminating in ulcers. The tendency of the disease is to ulceration and cicatrization."

According to Billroth "scrofula is a disposition to chronic inflammation of the skin, bones and joints in which the inflammation may lead to the development of granulations, to pus and to caseous degeneration. Persons in whom swelling of the lymphatic glands, even if induced by temporary irritation long continued in the same state, or even increased without peripheral irritation." Perls, in his work on General Pathology, says (1) "scrofulous individuals are those in whom certain membranes, particularly mucous membranes, also, the skin and periosteum show a tendency to inflammation upon the slightest injury. (2) This inflammation does not terminate as in healthy individuals in rapid and complete absorption of the exudation, but is followed by chronic suppuration and infiltration of the neighbouring tissues. (3) After such inflammation lymphatic glands do not resume their former size but remain hard and large. (4) In the connective tissues, as well as in the lymphatic glands, there is a tendency in the exudation to cheesy degeneration."

It will be seen from these definitions that there is after all a fair consensus of opinion, as to the main features of the disease. Since the discovery of the bacillus tuberculosis, this condition can be more sharply defined, and all cheesy products containing the bacillis placed under the latter disease.

In the case which has been given, both clinical history and the post mortem examination would lead to the conclusion, that it was a case of scrofulous disease in the adult, and that it was quite distinct from tuberculosis.

The etiology of scrofula is a subject which has led to much discussion. There is little doubt but that it can be both hereditary and acquired. Phthisis in parents is a common cause of scrofula in children. In the case given there was a distinct history of consumption on the father's side. Scrofula in parents may also give rise to the same disease in the children. Instances of this are quite often met with.

It has been asserted that parents in good health will beget scrofulous children; also that syphilis in parents is a predisposing cause.

Among the predisposing causes of scrofula is climate. It occurs most frequently in cold, damp climates, where there is poor ventilation, bad food, and bad hygienic surroundings. It is most frequently found in the densely populated districts of large cities.

It is especially a disease of early life. In the statistics given by Mr. Treves, the great majority of cases occurred between the ages of five and fifteen. He mentions only three cases out of a large number in which the disease began in adult life.

It has been stated by some pathologists that in scrofulous people there is a diminished quantity of blood in proportion to the weight of the body.

The exciting causes of scrofula are eruptive fever, slight irritation, decayed teeth, etc.

As to the pathology of scrofula, we might say that it consists in a tendency to chronic inflammation, followed by caseous degeneration. Although the inflammatory action is similar to that of tuberculosis, in the latter there is a distinct form of vegetable growth, the bacilli. It is quite possible that in the future, forms of bacilli or micrococci may be discovered which will explain the seemingly spontaneous origin of inflammations, such as existed in Mrs. S.'s case. Many cases of joint disease which have been put under the head of scrofula may really be found to be tubercular in character. In fact, bacilli have already been discovered in some of the cases examined.

It must be admitted that scrofula is a predisposing cause of tuberculosis. There is no doubt but that the caseous masses form a good soil for the growth of the bacteria.

Little need be said of the ordinary methods of treatment, as they are sufficiently familiar to you. It will be noticed that in the case related calc. sulph. for a time had an excellent effect in preventing the further formation of pus. I have used it with success in other cases. It ought to be given in 1/10 gr. doses. The larger doses do not appear to have as good effect as the smaller ones.

PHTHISIS WITH EMPYEMA.

G. E. DE WITT, M.D., CHESTER.

On the 2nd day of February, 1884, R. B., æt. 19, was brought to me from Lancook, a distance of seven miles by water, suffering much from dyspnœa, left side of thorax very much bulged from clavicle down to the last rib. Patient stated that about five weeks previous to my seeing him he had contracted a severe cold on the water while rowing, after which he was seized with a pain in the left side, and experienced chilly sensations. His father died of consumption at the age of 28, and his eldest brother has had hæmoptysis for several years past. On examination of chest I found vocal fremitus entirely absent on the left side, the heart was pushed above and to the right of its normal position, temperature 101°, pulse 120, respirations 36, a deep hectic flush upon each cheek. As the symptoms plainly denoted pleuritic effusion I immediately aspirated the chest through the seventh intercostal space when three quarts of semi-purulent fluid were evacuated, after which the patient became easier; he could lie down which he had not been able to do for the past fortnight. I could not see that the distension of the upper part of the chest had lessened any after the operation. Patient passed a tolerably comfortable night, next day found him somewhat easier than when I first saw him, but still suffering from dyspnœa, and cheeks much flushed. Finding fluctuation below and back of left nipple I lanced the integument sufficiently to insert a small probe-pointed canula which passed through the intercostal space into the pleural cavity with scarcely any effort, and gave vent to offensive pus until six quarts came away. I then washed out the cavity with a weak solution of carbolic acid and closed the wound with plaster. Next day patient's symptoms much improved, temperature 99°, pulse 100, respirations 24, the plaster had fallen away from the aperture made by the canula, owing to the discharge of pus. I again passed canula and evacuated a quantity of pus, syringed out cavity as before with an antiseptic wash. Owing to the discharge of offensive pus continuing I passed in a

rubber drainage tube four inches in length attached externally to a rubber-plate, covered the entrance with an antiseptic dressing, also the whole extent of the left chest with cotton batting saturated with an antiseptic; removed tube once in twenty-four hours, always taking away with the aspirator or through the canula a quantity of pus. At the end of a week I had drawn off 21 quarts of offensive pus and three quarts of semi-purulent fluid. During the next ten days about four quarts more were evacuated, making in all twenty-eight quarts drawn from this boy's chest in seventeen days. Owing to the almost constant discharge through the drainage tube much more passed into the dressing, the quantity of which I could not ascertain. During the twenty-four days that I treated the patient he did not have a sleepless night, nor did I have to give him an opiate, except once when he complained of pain in the side which I attributed to the entrance of air through the tube. Diet consisted chiefly of eggs and milk. On the 26th of February patient went home not well, but comfortable. The chest had regained its normal contour. Visited patient again the 4th of March, and evacuated with aspirator a quart of pus, washed out cavity with a solution of corrosive sublimate. I saw him again on the 15th, feet and lower part of legs considerably swollen, but after a few days subsided. Saw him again on the 24th and found him much improved. After treating the patient a few days I gave him daily nine grs. of Potass Iodid, which he has continued to take most of the time, also decoction of scoparius at times to produce a freer action of the kidneys. The patient and his friends are now sanguine that he will recover. The prognosis, however, is unfavourable. I do not report this case because of claiming any skill in its treatment, but to show the extraordinary accumulation of pus in the pleural cavity and the fact of the patient's surviving after its evacuation. Had the patient been seen and treated when attacked with pleurisy, much more could have been done for him, but had his chest not have been tapped when it was, he could have lived but a few hours longer.

The question arises, are not many allowed to suffer and often die for the want of aspiration in pleuritic effusion? We often meet with patients who complain of pain in the side, soreness and shortness of breath, whose trouble dates back to an attack of pleurisy; on account of the fluid never having been evacuated, absorption after a long time has taken place at the expense of the organs in the immediate vicinity. The first time I saw the operation of paracentesis thoracis performed was by the distinguished father of American aspiration, Dr. Bowditch, of Boston, thirteen years ago, who was very careful to take but a small quantity of fluid at a time, and never operate until the accumulation was so great as to produce dyspnœa and general distress to the patient. I think, however, that experience is teaching us every day that we should not wait too long, nor leave more than we can possibly help to be absorbed by the system. We know how desirable it is to perform the operation of paracentesis abdominis early in many cases, although we get only a small quantity of fluid at a time. Eight years ago a man, æt. 50 years, who had had organic disease of the heart for twenty-five years to his knowledge, contracted a severe cold, peritoneal dropsy immediately set in with extensive œdema of the lower extremities. During four weeks on eight different occasions I evacuated thirty quarts of fluid, averaging from three to six quarts at each tapping, with the aid of digitalis in small doses and iron, the patient recovered his usual health, and has ever since been able to follow his calling, using moderation. I might cite other similar cases, but my communication is already longer than I had intended.

The average death rate of Berlin during 1883 was 29.04.

MONSTROSITY.

J. H. GARDINER, M.D., LONDON EAST.

I have in my possession a remarkable specimen of monstrosity, consisting of a child with two heads complete, and well formed in every respect.

The mother was in the ninth month of gestation, when labor pains commenced, and labor did not last more than three hours. She is the mother of four children, all healthy and well formed; both father and mother are healthy. Pulsation continued in head last born, and in body, for more than twenty minutes after birth, and an attempt was made to set up respiration, but it was only partially successful. The head first delivered never showed any signs of life, after complete delivery, being very much congested at birth. One hour elapsed between delivery of first and second head.

There was one cord and one placenta.

The specimen weighed eleven pounds at birth.

There was a complete separation of necks down to shoulders, and separate spinal columns to termini.

The upper extremities are well formed, and two in number.

The lower extremities are deformed, talipes varus existing in all. There are three legs, two in the usual position, and one over right ilium. This third leg is most deformed of all, being smaller and more like a wing without feathers than a leg; there are six toes on it. Two anal canals exist, but the genital organs are of the usual appearance of those of a healthy male child.

The mother did not complain of any unusual sensations, impressions or longings during gestation, nor had she any fright. Now, the question is, how did such a monstrosity have an existence? Evidently twins were designed by nature, and from some peculiar placing of the double ova in early fœtal life, a blending of the parts resulted. The external blastodermic membranes have suffered less than the middle and internal; but I must leave to more skilled physiologists and embryologists to explain this medley on the part of nature. (It reminds me of Dr. Richardson's chicken without the feathers.)

Selections: Medicine.

SENATOR ON SELF-INFECTION BY THE PRODUCTS OF ABNORMAL PROCESSES OF DECOMPOSITION WITHIN THE BODY, AND THE RESULTING (DYSCRASIC) COMA (KUSSMAUL'S "DIABETIC COMA").

Senator says that dyscrasiæ are pathological states in which the blood or fluids of the body have undergone some qualitative or quantitative change, providing that this be not the result of some organized or unorganized poison introduced from without, in which case we speak of it as infection or intoxication.

These dyscrasiæ have long been recognized as the result of the retention of some normal excretion; and the history of medicine shows the importance formerly attached to such doctrines, all sorts of diseases being attributed to the suppression of perspiration, menstruation, lactation, and even the sperma virile, which was said to cause cachexia spermatica or seminalis.

The morbid influences of the retention of bile, urine, and carbonic acid gas are too well known to need dwelling upon; but in recent times the suggestion has been made that the body itself, or a particular organ, may become the source of a form of dyscrasia due to abnormal decomposition, which may be called autochthonous or autogenetic dyscrasia.

In former times, such doctrines were current in the guise of speculations about putrefaction or fermentation of the blood, lymph, etc.; but it is only recently that they have received any support from facts. When it was shown that septicæmia might result from collections of pus or putrefying fluids in the body, and it was established that this putrefaction might occur independently of external agencies, this doctrine of autochthonous dyscrasia was placed beyond doubt. But pyæmia and septicæmia are not quite what we ordinarily mean by dyscrasia, this term being generally restrict-

ed to chronic diseases; but the statement originally made by Petters in 1857, and confirmed by Kaulich, Betz, and Cantani, that acetone is developed in the blood and fluids in diabetes and other diseases, has been in recent times fully established; and, as is generally known, a particular group of nervous phenomena, "diabetic coma," has been ascribed to the presence of acetone or allied substances in the blood.

In 1868, Senator described a case of sulphuretted hydrogen poisoning resulting from an error of diet, and pointed out that the digestive organs are the origin of nearly all acute and chronic dyscrasiæ, and that self-infection may occur, and is followed by a series of nervous disturbances. Even during the normal digestive processes, putrefactive products of a poisonous nature—phenol, indol, and the aromatic series—are developed, and Brieger has lately obtained a poisonous alkaloid from peptone; while in abnormal digestion there are such products as butyric acid, sulphuretted hydrogen, marsh-gas, etc. All these substances have a more or less poisonous influence on men and animals, causing (in large doses) convulsions, paralysis, coma, and death; in small doses, dulness, vertigo, dimness of sight, tinnitus, etc. While the nervous system suffers most evidently, it is not alone affected; the kidneys being also frequently involved. Most of these substances are secreted by the kidneys, and irritate them. Changes in the digestive system have a direct influence in causing renal disease; and a certain chronic affection with albuminuria, still ordinarily regarded as a local disease, in Senator's opinion originates in the digestive system, and is of an autochthonous dyscrasic nature. [The author is apparently alluding to the chronic insidious form of granular kidney.—*Rep.*]

In diabetes the dyscrasia is undoubted, and is generally regarded as the cause of all the phenomena except the excretion of sugar. This last is probably due to some alteration of the digestive functions in the stomach, intestines, or liver; so that we may call diabetes an autochthonous entero-hepatogenous dyscrasia.

The uric acid diathesis, and gout, rickets, and many other conditions not so well defined, as, for example, oxaluria, also belong to this class.

But, besides the digestive organs, this self-infection may depend upon processes occurring in any of the normal or pathological cavities of the body; not only abscess-cavities, lung cavities, and purulent collections in the thorax and abdomen, but especially the urinary bladder and passages.

In chronic cystitis with ammoniacal decomposition of the urine, there gradually supervene dulness, depression, digestive disarrangements, "urinous" smell of the breath and sweat, drowsiness, and coma. These phenomena have been attributed to the absorption of ammonia, and this "ammoniæmia" has been more or less identified with "uræmia." This is not the place to discuss the identity of ammoniæmia and uræmia. Ammonia is probably not the only or even the principal cause of this dyscrasia, though it is the body which by its smell makes its presence most noticeable, and doubtless has its origin in the decomposition of urea. But the decomposition of urea gives rise to various other products, such as the sulphur-compounds, the ferments, etc., and in those cases where pus and mucous are undergoing decomposition, other putrefactive products are present in considerable quantities. The eminently poisonous nature of decomposed pus is well known, and is attributed to the presence of certain unstable fatty acids, *e.g.* butyric. Trimethylamine must also be mentioned as a product of the decomposition of purulent urine in the bladder, for the production of which the lecithin of the pus affords abundant material.

Finally, it seems not impossible that such decompositions may take place not only in the natural and pathological cavities of the bodies, but in the parenchyma and in the fluids of the tissues, even as primary conditions; that they can do so in consequence of infection from other parts, is no longer doubtful. But there are grounds for believing that imperfect oxidation causes decomposition in the tissues. Hoppe-Seyler has said that insufficient introduction of oxygen, either from obstruction in the air-passages or from excessive demand for it through great muscular exercise, causes, generally in the liver, perhaps in other organs, changes similar to those of phosphorus-poisoning, and in consequence an increased secretion of urea at the expense of the constituents of the organs. Leucin and tyrosin are found in the most different parts of the body where the blood-supply is insufficient and in this manner, when the blood-supply

is not altogether cut off, the decomposition products of the part find their way into the circulation. The influence of imperfect blood-supply is seen in those cases of acute or sub-acute intoxication which occur in certain examples of pernicious anæmia.

The effects of these dyscrasiæ are mostly manifested by alterations in the functions of the nervous system—pains in the head, apathy, drowsiness, passing into coma, or restlessness and delirium, convulsions, vertigo, tinnitus, nausea, and vomiting. Kussmaul was the first to describe under the name "Diabetic Coma" a peculiar mode of termination of diabetes, which he attributed to "a chemical decomposition of the blood," an "intoxication" which depended upon "chemical destruction of the economy in diabetes."

From the acetone-like odour of the breath, it seemed as if acetone was the toxic agent; but he pointed out how the cases differed from the acetonæmia described by Kaulich and Petters; and in experiments on animals he failed to produce, by acetone poisoning, symptoms very similar to those he had observed. Frerichs came to the same conclusion, and had no better results with ethyl diacetic acid; and hitherto all attempts have failed to determine the exact substances to which this intoxication is due. But Kussmaul's statements were amply confirmed, as such cases are by no means rare, especially in young subjects. It has been wrongly supposed that Kussmaul's description applies only to diabetes, and is always associated with urine giving a red reaction with ferric chloride. Both these positions are untenable, as the condition may be seen in other diseases than diabetes and apart from that reaction of the urine. Moreover, *coma* is not the most characteristic feature of Kussmaul's group of symptoms. It is the striking *dyspnœa with free respiratory movements and unobstructed air-passages*, and generally hurried respiration. Next to this, the most characteristic thing is the rapid pulse; then the excitement with groaning or sighing, jactitation, severe pains, and lastly coma. The temperature of the body is not notably increased, and in some cases has been below normal. No case of terminal coma, in which the peculiar breathing is not present, can be said to belong to this class.—R. Saundby, M.D., in *Lon. Med. Record.*

The Germ Theory of Disease.—Dr. Henry F. Formad, gives in the *Medical Bulletin*, for March, an interesting review of the history of this theory. He gives also the present status of this theory as it applies to individual affections. Although from time immemorial it was believed that the body was infested with living organisms, which when increased beyond certain limits caused disease, the belief was first formulated into a scientific theory through the discovery by Schwann of the part played by living germs in the causation of fermentation and putrefaction. The discovery of the fungus causing disease in the silk-worm, by Bassis, and that giving rise to favus, by Schönlein, added to the strength of this theory. The experiments of Pasteur and F. Cohn placed the causative relation between fungi and putrefaction and fermentation, beyond the sphere of doubt. The first substantial support of the germ theory of disease, was, however, afforded by the discovery by Pollender, in 1849, of certain rodlets in the blood of animals suffering from splenic fever, variously known as anthrax, charbon, milz-brand and malignant pustule. These bacilli were subsequently isolated and developed in proper fluid, and were found to be capable of causing the disease in other animals. In 1873 Obermeyer discovered the spirillum of relapsing fever and Carter and others successfully inoculated monkeys with this disease. The greatest discovery in this connection, or at least that which has the greatest interest from its bearing on the human being, was that announced by Koch in March, 1882, viz., the bacillus tuberculosis:

He claimed that the tubercle bacilli are always present in tubercles, and often in the sputum of tuberculous subjects; that they can be isolated and cultivated, and that animals inoculated with them will be rendered tuberculous. Bacilli are also found in scrofulous lesions, lupus, in fæces of subjects suffering from tubercular enteritis, in secretion from laryngeal and pharyngeal ulcers, pearl disease, etc. There is strong evidence in favour of regarding Koch's bacillus as the cause of tuberculosis, and it is even accepted by some authorities as a settled fact; but so far Koch's observations stand alone, and cannot be accepted until confirmed by reliable, unbiased investigations of others. Therefore the question must still be considered *sub judice.*

Still the presence of the bacillus in tuberculous lesions is very generally confirmed, and its presence in the sputum of patients is regarded as strong evidence of tubercular disease.

The organisms most frequently found in connection with infectious diseases are the sphero-bacteria or micrococci. In erysipelas, Fehleisen discovered the *micrococcus erysipelatis* in the tissue at the periphery of lesions, and the same isolated, cultivated in gelatine soil and introduced into the ear of a rabbit, produced typical erysipelas after twelve to eighteen hours.

In leprous nodules the bacillus was demonstrated by Neisser, but no successful inoculations have been made.

Klebs and Crudelli claim to have succeeded in isolating the cause of malarial disease, the same being a bacterium, and called by them *Bacillus malariæi*. This bacterium was found in the blood of persons suffering from malaria by Cusoni and Marchiafava. Klebs and Crudelli claim to have produced malaria in animals, but it was regarded by other observers as a form of septicæmia. The experiments of Klebs and Crudelli have been repeated by Dr. Sternberg, U. S. A., with negative results.

In gonorrhœa a micrococcus was discovered by Neisser, and isolated, cultivated, and successfully inoculated in the urethra of man by Buckhardt. This was also disproven by Sternberg.

Micrococci are also found in pyæmia, septicæmia, puerperal peritonitis, scarlet fever, diphtheria, measles, small-pox, vaccinia, ulcerative endocarditis, purulent inflammations, etc. In typhoid fever peculiar bacilli were seen by Eberth, Friedlander, and Coats, and they were found in the lymphatic glands around the intestinal ulcers, also in the spleen.

In croupous pneumonia an organism has lately been described by Friedlander.

In syphilitic lesions, micrococci were found by Birch-Hirschfeld, Klebs, and others, but no reliable, positive inoculative experiments are recorded.

In the sputum of patients suffering with whooping-cough bacteria were detected by Burger.

Mention should be made of a new infectious disease of animals and mankind, called actinomycosis. The disease has long been known among stock-raisers as "swelled head," and was regarded pathologically as an osteo-sarcoma, affecting usually the jaws of herbivirous animals. A fungus, allied to the ordinary penicillium, but of a radiating structure, has been found in bone lesions in man, first by Langenbeck in 1843, and lately was discovered in the cattle disease mentioned above, by Bollinger, who called it actinomycosis. The fungus was subsequently rediscovered in man by Ponfick. But its etiological relation is not yet established.

A specific bacterium is also put forward for goitre by Klebs. Thus it is seen that the extreme germ theorists put forward a specific bacterium for each infectious disease, and even some non-infectious diseases are attributed to bacteria. Thus far, however, the causal relation of bacteria is established positively for only two diseases, malignant pustule (anthrax) and relapsing fever.—*Med. Age.*

Cider and its Anti-Calculous Properties.—A writer in the *Gaz. Med. de l'Algerie* calls attention to a recent publication by a pupil of Dr. Denis-Dumont, surgeon-in-chief of the Hotel-Dieu, of Caen, which professes to demonstrate that cider is the enemy of stone in all the varieties of calculi which, from one cause or another, affect the bladder. During a long experience in the hospitals of Caen, Dr. Denis-Dumont was struck with the almost complete absence of patients affected with stone—almost complete, because there were a few cases whose habitual beverage was wine. On treating these cases with cider, they were either considerably benefited, or entirely relieved of their malady. Struck with these facts, Dr. Denis-Dumont entered into correspondence with a large number of the medical practitioners of Normandy, principally those who practiced in localities where cider was the common and almost sole beverage. Of these practitioners, some of whom were of forty years' experience and longer, none had treated a case of stone. If they had treated any affection allied to stone, it was in cases where cider was not the ordinary drink, or it was due to some foreign cause. As a consequence, he has collected a mass of valuable observations which confirm his conjectures, and support him in formulating the proposition that cider is not only a prophylactic against the formation of stone and other affections of the bladder, but also that it is an energetic curative agent, when

in the condition to be absorbed, like any ordinary drink, and brewed in the best manner. Cider, even in Normandy, is frequently improperly made—but it would seem that bad cider is not worse than bad wine. The writer, using the precaution to declare that he is not of Normandy, goes on to say, with the effusion of a Frenchman, that, if the results of Dr. Denis-Dumont are admitted, they will furnish cause enough for the encouragement of plantations of apple-trees, and for the fabrication of a beverage which laughs at phylloxera, which has been served on the table of a Queen of France, to Saint Radegonde; which Charlemagne did not despise; which was celebrated after the epic mode in a Latin poem dedicated to the glory of Philippe-Augustus by Guillaume le Breton, and which François the First appreciated on his visit to Normandy.—*Md. Med. Jnl.*

The Mode of Production of the Tendon Reflex.—Jendrassik has made a number of experimental studies of the various conditions which are necessary for the presence or absence of tendon reflexes, particularly for the patellar reflex. The following conclusions express the most important of his results:

1. The "knee phenomenon" is a true reflex action, brought about by the mechanical irritation of the nerves situated in the patellar tendon. It is not necessary that the stimulus should be applied at the junction of muscle and tendon: stimulation of the part of the tendon lying farthest from the muscle is equally efficacious.

2. For the production of the reflex muscular contraction it is necessary that the muscle be passively extended: to a certain degree the contraction of the muscle is proportional to the stretching to which it is subjected.

3. Voluntary innervation of the crural nerve diminishes the patellar reflex, or may prevent its appearance altogether. Contraction of the muscles innervated by the sciatic nerve, however, instead of preventing rather favours the development of the patellar reflex.

4. The path of the reflexes lies in the spinal cord only in the gray matter. Lesion of the white columns cannot directly be a cause of the absence of the reflex.

5. Physiological increase of the tendon reflex is also produced by contraction of the other body-muscles: thus, simultaneous lifting of weights, or strong stretching of muscles, increases the reflex.

6. In the majority of cases pathological increase of the patellar reflex may be regarded as the result of an interruption of the conduction of inhibitory impulses from the brain to the spinal cord.

7. The author does not regard the "foot phenomenon" as a reflex, but rather as a tonic contraction, directly produced through the mechanical stimulus given in the sudden stretching of the soleus: the irritability of the muscle must therefore be increased.

In five instances severe stretching of the crural nerve in rabbits left the patellar reflex unaltered.—*Phil. Med. Times.*

Olive Oil and Gall-stones.—The *North Carolina Medical Journal*, commenting on the nature of the bodies discharged after a large dose of olive oil, reports a case of a man who was suspected of having gall-stones. A full dose of sweet oil was given and brought away about one ounce and a half of bodies of various shapes and sizes. Some were of a greenish colour, others brown, and others white. They were of the consistency of wax, were soluble in olive oil, in alcohol, and were inflammable. In a few days they melted down into a semi-fluid mass. With nitric acid and ammonia they gave the red reaction of cholesterin. Dissolved in ether and evaporated, white crystals resulted. Assuming that the chemical composition of these bodies is known, does the large amount of cholesterin indicate that these bodies are biliary calculi or enteroliths—will olive oil bring the same masses away from any one whether he has been suffering from biliary colic or not? If they are not biliary calculi what are they? Pure cholesterin is not known to exist in any other discharges from the bowels than the two bodies above mentioned. In olive oil there is scarcely more than a trace, and it is not known that there is any substance in the intestinal canal which, combining with olive oil, is capable of producing cholesterin. The editor trusts to make fuller investigations on the subject.

Ointment for Intercostal Neuralgia:—

℞ Veratrine ..... 10 Centigr.
Muriate of Morphia .... 10 Centigr.
Cold Cream..... 5 Grammes.

M. S. A.—Rub the part affected once daily with a piece as large as a pea.—*Lyon Méd.*

Tests for Carbolic Acid. — 1. A small quantity of ferric chloride gives a fine violet coloration, and this test is so delicate that one part of phenol in 3000 parts of water can be detected.

2. If a drop of weak solution of carbolic acid be added to a few drops of a solution made by adding one part of molybdic acid to ten parts of strong sulphuric acid, a yellowish coloration is produced which rapidly changes to purple. If the mixture be gently warmed the reaction is hastened.

3. If a solution containing phenol is slightly warmed with some ammonia and a solution of sodium hypochlorite (prepared by adding carbonate of soda to a solution of bleaching powder, and filtering from the carbonate of lime) a permanent dark blue coloration is the result, which is changed to red on the addition of an acid. By this means one part of phenol in 5,000 parts of water can be recognized.

4. About the most delicate test for detecting minute quantities of phenol consists in the addition of bromine water, a crystalline precipitate being formed, known as *Tribromophenol*. A solution containing only one sixty-thousandth part of phenol gives this reaction after twenty-four hours.—*Pharm. Record.*

Purgative Liniment.—The following preparation is recommended in *Zeitschrift der West. Allg. Apoth. Verein*, in cases where it is impossible to administer purgatives by the stomach :

℞ Tinc. colocynth., ... ʒ ix.
Ol. ricini., ... ʒ xx.
M.

Every morning and evening about one teaspoonful of this mixture may be rubbed in over the abdomen.

The tincture is prepared by the maceration of one part by weight of fresh colocynth seeds in ten parts of concentrated alcohol.—*The Analectic.*

Moleschott on the Treatment of Diabetes by Iodoform.—The results of Dr. Moleschott's method of treatment are quoted in the *Paris Méd.*, Jan. 5, 1884, and are certainly promising. In five cases the sugar disappeared from the urine after a few days, and without special diet. The dose is at first ten to twenty centigrammes daily, but it must be increased gradually to 30 or 40 centigrammes.—*Lond. Med. Rec.*

Examination of Urinary Sediments.—Certain urines, especially concentrated urines and those passed in febrile conditions, deposit upon standing a considerable sediment composed chiefly of alkaline urates, and often deeply coloured by uroerythrine. The detection of the organized sediments, such as blood globules, epithelium, casts, etc., in such cases is difficult and often impossible. To facilitate the examination in such cases Méhu (*Jl. de Pharmacie et de Chimie*, 1883, p. 228) adds to such sediments, after they have subsided and after most of the urine has been removed, a small quantity of a saturated aqueous solution of ordinary sodic phosphate. This dissolves completely the pigments and urates so that the subsequent examination of the sediment is comparatively easy. An excess of the sodic phosphate does no harm, but its addition frequently causes a precipitation of crystalline calcic phosphate. Méhu prefers this method of treatment to the common one in which the urates are dissolved with water. The latter delays the subsidence of the organized elements, and besides tends to soften and break them up.—*Md. Med. Journal.*

Influence of Iodoform on the Body-weight in Phthisis.—Dr. A. Ransome, in the *Brit. Med. Jour.*, Jan., 1884, p. 8, details notes on the use of iodoform in the treatment of phthisis. The drug was administered in the form of a pill, a grain and a half, combined with two grains of croton-chloral, three times a day. Twenty-one cases are recorded. Four of these were in the first stage of the disease, and three appear to have received benefit. Five were in the second stage of the disease; all of these increased in weight on commencing to take iodoform; but in three cases the increase did not continue, though they did not lose weight for several months. Of the twelve cases in the third stage, two distinctly gained in weight; six, after sundry variations, remained at the same weight after six or eight months of the treatment. The remaining four all diminished in weight. —*Lond. Med. Rec.*

Calabar Bean in Constipation.—It has been observed as a result of the poisonous action of calabar bean on animals, that there is a tetanic spasm of the muscular coats of the intestines, which results in the

forcible expulsion of the contents. This physiological property of the drug suggested to Dr. Schaefer *(Berlin Klin. Wochenschrift)* the employment of the drug in cases of obstinate constipation (obstipation), dependent on weakness of the muscular coats of the intestines, such as may be frequently met with in women and old men. The results of his experiments have amply justified his anticipations, based on the physiological properties of the drug, severe cases having yielded to the treatment in less than twenty-four hours after its administration. His formula consists of a solution of 5/6 of a grain of extract of physostigma in 2½ drachms of glycerine. Of this six drops are given every three hours.—*Md. Med. Jnl.*

Specific for Migraine.—As an exceedingly practical fact, we should like to recommend the combination of the bromide of potassium and the deodorized tincture of opium (℥i to ♏xx), as almost a specific in the paroxysms of pain. We have seen this combination over and over again enable a patient to rise and go about her daily duties, relieved, without being apparently influenced in any other way. If the patient be impressed with the fact that the system gradually gets accustomed to this narcotic, and the remedy must be husbanded, great relief may be obtained for many years. We know of one lady who for twenty years has thus robbed an inherited migraine of its terrors, although now ninety grains of bromide and forty minims of the deodorized tincture constitute the least effective dose.—H. C. W. in *Phil. Med. Times.*

Salicylic Acid in Cerebro-Spinal Meningitis.—D. C. Ramsey, M.D., in the *St. Louis Courier of Med.*, regards cerebro-spinal meningitis as very analogous to acute articular rheumatism. Both being frequently ushered in by acute migratory joint pain, and both being acute inflammations of fibrous membranes. Cases being opportune he tried the rheumatic remedy in the spinal disease and with happy results. Four cases he treated with ergot, bromide of potash, morphia, quinia, etc., with three deaths and one recovery. Of seven cases treated by salicylic acid five recovered and two died. He gives fifteen grains every two hours until relief is obtained, then decreases the dose and lengthens the interval.

Calcium Sulphide in Diabetes Mellitus.—Dr. C. M. Cauldwell relates the histories (*N. Y. Medical Journal*) of two cases of saccharine diabetes in which calcium sulphide was administered with apparent benefit. A moderately strict diabetic diet and hygienic measures were used in conjunction with the calcium. In one case improvement began in two weeks and the sugar entirely disappeared from the urine six weeks after the treatment was instituted. The second case received unquestionable benefit at the end of three weeks and no sugar was detected after one month's treatment. A third case took the calcium faithfully for one month without benefit.

Action of Strychnine on Cardiac Dilatation.—M. Maragliano states that he has used strychnine in cases of cardiac dilatation with very good results. At the first examination he carefully found out the dimensions of the heart, and after the internal use of this medicine for a day or two, he discovered the dilatation was greatly reduced in size, and when he had continued the treatment for a week, the diminution was very marked indeed. If the strychnine is not continued for some time the beneficial results disappear, but when given in the form of sulphate in doses of two or three milligrammes three times daily it gives great relief.—*The Analectic.*

New Test for Lead in Water.—Mr. A. W. Blyth has announced that cochineal is one of the most delicate tests he has found for the presence of lead. The test is a one-per-cent. solution of cochineal in proof-spirit. Ten drops of this is added to a fluid ounce of the water contained in a white porcelain dish.

If the water is free from lead the colour is simply a dilution of the pink tint; but if it contain but one seven-hundred-thousandth part of lead the tint will be a purplish pink, and if it be as much as one seventy-thousandth part it will become a purple blue.—*Pharm. Rec.*

Electrical Reaction of the Sensitive Nerves of the Skin in Ataxics.—M. Mendelssohn's researches demonstrate the existence of an abnormal electrical reaction of the sensitive nerves of the skin in ataxics, analogous to the reaction of degeneration

of the motor nerves found by Erb. Later researches will allow the period of the disease to be stated in which this anomaly of electric reaction supervenes, as well as its relations with the alterations of the cutaneous nerves in ataxy lately described by Westphal and Déjerine.—*Le Prog. Méd.*

Calcification of the Pleura Costalis.—In a man who died of cancer of the stomach M. Gilbert found a thick plate of bonelike material covering the internal surfaces of the ribs on the right side, from the sternum to the vertebral column. Its internal surface was smooth, and separated from the ribs by connective tissue, while the internal was rough and adherent in some places to the lung. Chemically, the plate had nearly the same composition as bone, but microscopical examination showed that it was only fibrous tissue loaded with lime salts.—*Brit. Med. Jnl.*

Cod Liver Oil with the Muriates of Ammonium and Sodium.—J. P. Curley, M.D., in the *Med. News*, recommends an emulsion of pure cod liver oil with gum acacia, each ounce of the preparation containing sixty-six per cent. of cod liver oil and sixteen grains of the muriates of ammonium and sodium. The ordinary dose to be taken in sweetened water or milk. He has found the combination to be well borne by the stomach, and to act well in those cases in which the oil is indicated.

A Pleasant Disinfectant for Rooms.—From an Italian journal we note that a few drops of the following mixture on a plate will pleasantly disinfect a bed room: camphor, twenty parts; hypochlorite of lime, alcohol, water, each fifty parts; oil of eucalyptus and oil of clove, each one part. Dissolve the oils and camphor in the alcohol. Mix the hypochlorite of lime with the water, and add this to the alcoholic solution in a capacious vessel, and keep it cool until the mixture is complete.—*Pharm. Record.*

Arterial Pressure.—Dr. C. S. Roy's conclusions are that there exist in the vagus nerve, fibres decreasing the force of cardiac contraction distinct from the fibres that diminish the frequency of the beat, and, similarly, that there exist in the accelerans cordis fibres augmentative of force distinct from fibres increasing the heart's frequency.—*Am. Med. Ass. Jnl.*

The Coagulation of the Blood.—Mr. L. C. Woolridge ("Journal of Physiology," August, 1883) remarks that blood plasma, after it has left the vessels, converts the white cell into fibrin and liberates a certain substance, called fibrin ferment, which is able to bring about the coagulation of the fibrinogen in the plasma. This fibrin ferment owes its power of coagulation to the presence of a substance called lecithin, a body omnipresent in protoplasm. Lecithin is prepared by making an alcoholic extract of the lymph cells.—*N. Y. Med. Jnl.*

Surgery.

CICATRICIAL STRICTURES OF THE ŒSOPHAGUS.

CLINIC BY M. TERRILLON.

(Translated from *Le Prog. Méd.*)

To explore the œsophagus there are two methods: When the stricture is situated very high, in certain persons it may be explored by the finger, but it is better to use an instrument. The searcher consists of a whalebone stem, on which bulbs of various sizes may be screwed. When a narrow stricture is suspected, a small bulb may be used, but cautiously for the larynx may be penetrated, or on account of the spasm produced, the upper part of the œsophagus may not be passed, and a stricture be found which in reality has no existence.

Cough will notify you that you are in the larynx; though sometimes with a trachea of moderate susceptibility the trachea may for many days be catheterised, and food even may be introduced into it without suspicion until terrible evidences reveal the fault committed.

It sometimes happens that the extremity of the sound butts upon the sides of the laryngeal portion of the œsophagus, where there is a fold which allows the sound to become engaged and arrested in a kind of *cul-de-sac*.

A third obstacle is spasm of the œsophagus which effectually arrests the sound, but by lightly persisting the spasm is soon overcome.

It is always necessary to use the left index finger as a guide to lower the base of the tongue, on arriving at the epiglottis the sound has only to follow the finger to penetrate into the œsophagus.

Suppose that having passed these obstacles we enter the œsophagus. The bulb will inform us of the seat of the stricture, still inferior spasm must be mistrusted, it is evidenced by knots of contraction; by gentle insistance and maintaining the pressure the stomach is reached. The manœuvre is analogous to that employed in catheterization of the urethra. Unfortunately this spasm is very difficult to overcome, especially in women, and may for months and years simulate a true stricture.

Spasm plays a prominent rôle in œsophageal stricture. It is an element upon which we must always count; it exaggerates the degrees of stricture, it may mislead us to their number; it is due to pain. The seat of stricture is often difficult to appreciate. For this it is necessary to recollect the distance which separates the incisor teeth from the upper extremity of the œsophagus. The following measurements must always be borne in mind. The œsophagus has a length variable between 22 and 25 cm., and there are 15 cm. between the incisors and the upper part of the œsophagus. It is necessary then to penetrate from 38 to 39 cm. in order to surely enter the stomach.

Suppose the seat of the stricture is known, and we now wish to learn its calibre. Here also I must appeal to your knowledge of normal anatomy. What is the normal calibre of the œsophagus? It also is variable, but remember that its maximum diameter is 0.02 cm. A less diameter is compatible with excellent health. The symptoms of stricture begin when it is not more than 12 mm. When we wish to practice exploration a bulb 14 mm. in diameter is introduced, it ought to pass; if it experiences an obstruction there is a stricture, a smaller bulb is then tried until one succeeds in passing, the size of this bulb indicates the degree of stricture.

The notion of the length of the stricture is more difficult to acquire, it is an affair of sensation, and requires a skilled hand. The number of strictures will be marked by the number of jumps of the bulb, but you know already that spasms must be taken into account; multiple strictures are rare. The searchers were at first full bulbs screwed upon a flexible stem; they were introduced easily, but in withdrawing them the heel of the bulb always encountered the chanton of the cricoid arched against it and occasioned difficulty in withdrawal. So their form was modified, instead of olivary, the bulbs were flattened on their anterior face.

The great amelioration consists in rendering these bulbs capable of following a conductor; for this purpose the olivary bulbs were perforated in their long axes, and after having passed a whalebone, furnished at its extremity with a small flexible gum bougie (Verneuil-Colin's modification) the bulb is screwed upon a flexible handle with two eyelets; then the bulb was introduced on the bougie, which is in position, and which passes into the central hole of the olive, and in the eyelets of the handle on which it is screwed. Thanks to this artifice; very narrow strictures may be passed.

The treatment of these cicatricial strictures may be:—1. Dilatation, sudden or rapid. 2. Slow or progressive.

The first method is seldom employed except for the upper extremity, and when the stricture is of large calibre. It is a brutal operation. One acts blindly, and may give rise to peri-œsophagitis, and in certain cases produce death.

The second method is carried out with olivary instruments and bougies. In case of a stricture of four mm. we will pass an olive; the next day we increase its diameter; and so on little by little until the stricture is dilated.

These olivary bulbs have immense inconveniences; by their form they drag upon the mucous membrane, often causing it to bleed. On entering and returning they pass and repass with the same inconveniences; these repeated traumatisms may induce those ulcerations so frequently found at the level of the strictures. The olivary also augment the *culs-de-sac* in the neighbourhood. If one is not patient, and has not a skilled hand, one may even perforate the œsophagus in one of the dilatations where the wall is thinned by inflammation and softening of the tunics. So we have arrived after many trials at treating these strictures like those of the urethra, that is to say with bougies.

These bougies are of black gum, smooth and terminated by an olive as those of the urethra. They may be screwed to the extremity of a handle or of a whalebone stem, which serves to maintain them. Prof. Bouchard has especially advocated this method of treatment. The diameters of

these bougies differ by one mm.; there are twenty bougies—the largest diameter being two cm. They are heavy; containing a bit of lead in their interior, which greatly aids in their introduction, with the requisite care, these bougies, are let fall, so to speak, into the œsophagus; it is necessary to push them very little.

This bougie, in passing into the stricture, repels the walls excentrically like a coin. There is the same advantage in not pushing the bougie into the stomach; the bougie resting on the stricture weighs upon its walls; little by little it dilates them, and this dilatation continuing the whole time of the sojourn of the bougie, you will exercise a continuous and durable action. The bulb on the contrary acts momentarily and instantaneously. It is necessary to augment the diameter of these bougies very slowly; with this scale of one mm. of difference it is well to change the bougie every ten or fifteen days only. This instrument has also an inconvenience, if there is a *cul-de-sac;* if there is a dilatation, the bougie will have also the tendency to lodge itself in this *cul-de-sac*, and may cause perforation.

By proceeding slowly and gently these accidents may be avoided, otherwise you will be sure that you are in the stricture when after having introduced the bougie, you endeavour to withdraw it, if you are in the stricture, the instrument is grasped, and the hand which withdraws feels a resistance.

It sometimes happens that these strictures are dilated in a few weeks. But when fibroid peri-œsophagitis is present a certain degree of dilatation is reached which cannot be exceeded. This is what has happened to our patient. I cannot succeed in passing a larger sound than the one I have employed this long time, and which is not very large, being only nine mm. in diameter: however, as we pass it every day during the week she has been in hospital, deglutition has become much easier.

It is then not so much the narrowness as the resistance of the walls of the stricture which influences the prognosis.

Some cases resist every attempt at dilatation, so surgeons have asked if an operation could not be made here as in the urethra, and have devised œsophagotomy, internal and external, analogous to urethrotomy.

1. *Internal Œsophagotomy.*—First of all the stricture must be permeable. Maisonneuve, Trélat and others have made trials, have had good results; but also bad ones for sometimes grave accidents happen. To perform internal œsophagotomy first introduce a whalebone sound and on this sound guide the instrument, which cuts either on entering or on returning. Instruments are used with concealed blades, two small sections are made and one may afterwards dilate; but it is necessary to dread consecutive phlegmonous inflammation, I would not voluntarily employ it.

2. *External Œsophagotomy.*—is quite another operation but which can be employed only in strictures of the upper portion situated in the cervical portion of the œsophagus.

This operation having in view the nourishment of the patient, we must go below the stricture. It also is a dangerous operation, which has given rise to phlegmons, which have killed the patients. It is now-a-days frequently practised amongst foreigners, but is inapplicable to our patient.

Finally I come to a very modern operation, gastrostomy. In the stomachal region is made an orifice by which the patient will be nourished.

Every surgeon who has seen a patient die of inanition has had to consider attempts of urgency, but the first patient operated upon in these conditions with this end in view, and who recovered, was operated upon by M. Verneuil.

I will not describe this operation, which consists in making a fistulous opening into the stomach. With the successes which we have had in abdominal surgery it is this operation for which I would have the greatest preference. For the moment our patient is well nourished by liquids. But will this continue? For a long while we have not succeeded in passing a larger diameter. We now intend to try to dilate still further, and it is only when if decidedly we are unable to maintain our patient in good health, that I would propose gastrostomy to her.

Treatment of Chronic Urethritis and Cystitis.—Dr. Guyon lays much stress upon the constitutional treatment with cod-liver oil, arsenic, iodide of iron, the sulphides externally and internally, balsams, douches, etc., according to the diathesis. The local

treatment by injections, instillations, and catheterization, is also of great value. Injections are only useful when judiciously employed; although most frequently used, they often fail on this account. They are either too strong or not strong enough; they either do injury or they are not efficient. Instillations made with an olive-pointed catheter, in which an opening exists at the side of the olive, are more valuable. A syringe is adjusted to the other extremity of the catheter, and the instrument is gradually introduced into the urethra until it meets a slight sense of resistance, when five or six drops of the solution are thrown in; after waiting a few minutes, the instrument is introduced farther, and, when it reaches the posterior extremity of the urethra, twenty to twenty-five drops are injected. The medicament usually employed by M. Guyon is the nitrate of silver (1/20 to 1/50); he also uses the sulphate of copper (1/10 to 1/50). Catheterism is not to be practiced early, for fear of complications, orchitis, cystitis, etc., but in obstinate cases it may be cautiously used every second day; the metallic bougies are the best for the purpose. Medicated bougies seem to be without utility. Should blennorrhagic cystitis with hemorrhages occur, it is best treated by instillations of nitrate of silver, which rapidly stop the bleeding. This treatment is also effective in chronic cystitis, which is particularly liable to be persistent and have relapses.—*Atlant. Jnl. Med.*

Tenotomy of the Tensor Tympani.—When the writer was in Vienna eighteen months ago, having heard Weber-Liel speak in extravagant terms about the advantages to be derived from the tenotomy of the tensor tympani, he sought the opinion of Gruber on the same subject. With a significant look of want of confidence, he suggested the leaving of the section of the tensor tympani to others. We find, however, from the *Annales des Maladies de l'Oreille, du Larynx*, etc., that Gruber is now performing the same operation. He claims that it is indicated in cases of permanent contracture of the muscle, and claims that the success is almost certain when the inflation of air gives temporary relief. Dr. Weber-Liel claims that this operation will put an end to attacks of vertigo associated with affections of the ear, and acting on his suggestion, Gruber operated on a case of fourteen years' standing, which had passed through various practitioners' hands. The patient, a woman, aged twenty-six, had suffered from impairment of hearing for fourteen years; associated with this difficulty was a frequent noise in the ears, accompanied with severe headache. All these symptoms were worse in damp weather. For several months past there was added to the above troubles violent attacks of vertigo, the patient fearing she is about to fall down forward. Section of the tensor tympani was effected and the noises ceased, the hearing improved; the vertigo was at first worse, but it improved gradually and was at length—the time is not given—completely relieved.—*The Analectic.*

Rule for Reducing Dislocations of the Hip-Joint.—Having flexed the leg on the thigh, and the thigh on the pelvis, slowly rotate the limb as far as possible, inward or outward, according as the toes pointed in or out before beginning the manipulation; then rapidly and forcibly rotate the limb in the opposite direction, and the head of the femur will usually slip into the acetabulum.

For example: In the iliac and sciatic dislocations, the toes point inward; therefore, rotate inward as far as possible, and afterward rotate outward. In the pubic and thyroid dislocation the toes point outward, hence rotate the limb outward still more, and then inward.—*The Analectic.*

Hypophosphites of Lime in Cancer.—The following is Dr. Hunter McGuire's formula for the use of hypophosphites of *lime* and *soda* in cancer of the breast:

℞ Hypophosphite of lime and soda, ℥ ss.
Diluted phosphoric acid..... ℥ ss.
Distilled water..... ℥ viij.

M. Sig.—Teaspoonful in water three times a day, and when indicated, he sometimes uses in addition *arsenic* and *iron* in the forms of chlorides of *arsenic* and *iron*.

There can be no doubt the progress of the cancer can be delayed by the use of this combination.—*The Analectic.*

Catheterizing the Eustachian Tube at the Ear-Clinic in Rome.—The difficulty of the introduction of the catheter into the Eustachian tube lies in the fact, that the posterior pharyngeal wall is taken as the

adjusting point to turn the back of the catheter into the mouth of the tube, and thus the instrument is pushed too far back. Prof. Rossi carries the catheter over the osseous floor of the nasal cavity, and as soon as the beak reaches the velum pendulum, it oscillates visibly, brought about by its contractors. The beak is then directed to the corresponding side, and slips at once into the ostium tubæ.—*The Analectic.*

Open Wire Bougies in the Treatment of Gonorrhœa.—D. C. McVail, M. B. states (*Brit. Med. Jnl.*) that gonorrhœa is a specific catarrh of the mucous lining of the urethra. He points out the desirability of keeping the inflamed surfaces apart, just as in the treatment of a moist eczema intertrigo. To accomplish this end he has had made open wire bougies. These are of two forms. The first is for the effective administration of injections, and is composed of a short length of catheter tube; to one end of which are soldered the wires of the open bougie, and to the other is attached a short piece of india rubber tubing. The instrument being introduced until the catheter portion is well within the meatus, the injection is introduced by a syringe until the passage is quite full, the india rubber tube is then compressed to prevent the escape of the fluid. In from twenty to thirty minutes the injection will be almost entirely absorbed, and the bougie may be withdrawn. The second form is an open wire arrangement throughout and is constantly worn by the patient, so that the discharge may drain freely away. These instruments are well borne by the urethra, and the patient pursues his usual avocations while wearing the second form. The length of the wire bougies is in proportion to the distance up the canal to which the catarrhal affection has travelled. In recent cases an inch and a half may suffice; in older cases it may be necessary to have it much longer.

Death from Ether.—T. Holmes, M.A., F. R. C. S. (*Brit. Med. Jnl.*), reports a case of ether death occurring at St. George's Hospital in a woman who was about to be operated upon for a sloughing fibroid of the uterus. Death was by apnœa. Artificial respiration by Silvester's method was at once applied, the trachea opened, and a large tube introduced. The femoral pulse was felt for a long time. Death was attributed to respiratory spasm.

Cancer of the Rectum. — Prof. Trélat *Rev. de Therap.*, Jan. 16, 1884), formulates the following propositions in reference to treatment:—

1. Cancers of the rectum which do not cause accidents should be left alone.

2. Cancers of the very extremity of the rectum, or of the margin of the anus, should be extirpated.

3. Accidents should be treated as they arise, but palliative measures are to be avoided. In this respect, he is in accord with Prof. Verneuil, but opposed to many English surgeons.

4. When the finger can be passed beyond the cancerous mass, rectotomy should be performed, otherwise not; but a way of derivation should be made by lumbar colotomy or by forming an inguinal anus.—*Med. and Surg. Rep.*

Pathognomonic Sign of Syphilis.—Dr. Detmold, remarking on the difficulty in deciding whether certain symptoms were of syphilitic origin, points out a sign which he considers as pathognomonic, viz., permanent œdema over the anterior surface of the tibia. Not that œdema in this region was always of specific origin, but when it was found on both tibiæ, and when no local cause could be discovered for it, there could be no reasonable doubt that it was due to syphilis.—*Med. News.*

The Treatment of Ringworm.—Dr. R. W. Taylor, in the Journal of Cutaneous and Venereal Diseases, recommends a solution of bichloride of mercury in tincture of myrrh, four grains to the ounce, to be applied twice a day, in the various forms of ringworm.

Midwifery.

Hæmorrhage After Abortion. — Why should there be bleeding after a criminal abortion and not after a natural one? This may be illustrated by fruit growing on a tree. When the fruit is mature, it drops off from a slight shake, and no injury is done either to the tree or to the fruit. But, if you pluck the fruit while it is immature, you will probably break the twig from which it grows. Again, and this illustration is a happier one, if the fruit is blighted from any cause, it will drop off readily without any injury to the tree. So,

when a woman has a natural miscarriage, it is analogous to the falling off of the blighted fruit. The ovum is dislodged from its attachments, usually by the escape of blood behind it, and is thrown off as a whole, viz., the sac, with a little fœtus inside; no membranes are left behind, and no injury happens to the womb. But when, by criminal means, miscarriage is induced, it is like plucking the fruit while it still has sap-communication with the tree, and mischief results. The method most frequently employed to induce abortion is by puncturing the membranes. When this is done, the waters and embryo escape, but the adherent membranes remain behind. The secundines may remain after a natural abortion, but this is not the rule. In this woman the bleeding continued for four months, showing that the membranes remained attached to the womb, and acted like a polypus. This loss of blood was sufficient to produce a condition of anæmia. Menstruation then ceased. She has now partial amenorrhœa. She has been treated in the dispensary, and has been much benefitted. Before coming to the hospital the menses were very irregular. This is the history that often follows serious hæmorrhage at confinement. There is a strange peculiarity connected with loss of blood. It is frequently observed that where a person is losing blood in driblets she will grow fat. This fact is taken advantage of in æsthetic countries by butchers, who bleed the calves in order to have white and at the same time fat meat.

In the treatment of these cases we give iron in large doses. We also give cinnamon, which causes a flow of blood to the womb. The uterus should be irritated by making applications to the fundus. The diet should be good, the digestive apparatus should be kept in order, and the bowels regulated. When the woman has grown fat from the loss of blood, it is not easy to restore the menses.

I have often seen women from thirty to thirty-five years old begin to grow fat, and soon the menses would cease. These women are frequently excessively anxious to have children. There is nothing more difficult than to establish menstruation in such patients. I have tried all forms of treatment. I have used the galvanic stem pessary, in some instances with success, and in other instances with failure.

I explain this condition in the following manner: At the change of life there is atrophy of the reproductive apparatus, and especially of the ovaries. At that time women, as a rule, either grow stout or else they grow thin. Now, although I have no post-mortem results to offer in support of my opinion, I believe that in women of the age I mentioned, and who cease to menstruate, there is atrophy of the ovarian structures. Such a supposition readily explains the reason why it is so difficult to establish the flow in these women.—*N. Y. Med. Jnl.*

The Combined Method of Turning in Placenta Prævia.—Dr. C. Behm refers to the method which was described by Braxton Hicks in 1861, and to the literature of the subject, in addition to giving a somewhat extended notice of his own experience, involving fifty-three cases with this complication, in the clinic of Professor Gusserow, at Berlin. These cases are divided into two series, the first numbering thirteen, the second forty. Those in the first series were treated by the old method of version; thirty of those in the second by the combined method; the remaining ten required other procedures. The thirteen mothers gave birth to fourteen children, and the mortality was four for the mothers and ten for the children. As to the insertion of the placenta, in three cases it was marginal, in five lateral, and in five total or central. Of the forty cases in the second series, there were no deaths on the part of the mothers, but eight were the subjects of fever, and one suffered with hæmorrhage on the seventh day of the puerperium. Of the forty children, nine were born alive, five of whom were mature, two premature, and two with vital defects. Of the thirty-one dead children, six were mature, eleven were premature, and fourteen had vital defects. Notwithstanding the small percentage of survivals on the part of the children, the author considers the results excellent, and would so consider them even had all the children been lost, when the peculiar conditions attending this complication are born in mind.

The advantages of the combined method of turning are summed up in the avoidance of sepsis, which it insures, and also the limitation of the loss of blood, by means of the tamponade which is effected by the breech of the child. Turning having been

accomplished, the author differs with Spiegelberg, Fritsch, and others in their view that extraction should be as rapid as possible. In twenty-four of his cases in which he noted the interval between turning and extraction it varied between one-half hour and eleven hours, birth taking place in the largest number between two hours and two hours and a half after turning. In the interval the strength of the patient should be reenforced, and stimulants are regarded with more favor for this purpose than any method of transfusion. As a means of preventing atonic post-partum hæmorrhages, this method of turning has answered perfectly in the author's experience, and no accidents of this nature occurred to him. The aphorism which he proposes for the treatment of placenta prævia cases is *haste, with delay*—haste in performing combined turning, delay in extraction.—*N. Y. Med. Jnl.*

THE APPLICATION OF THE FORCEPS TO THE BREECH.—Truzzi relates his experience in this method of using the forceps, a method which has been proscribed by most obstetricians in a series of fourteen experiments upon the cadaver. The conclusions are as follows: 1. in a case in which the buttocks are wedged in the superior or middle portion of the pelvis, and the indication is for rapid extraction, the application of the forceps is preferable to traction in the groin with the finger, crotchet, or fillet, an operation which is likely to be attended with fracture of the femur or laceration of the soft parts in Scarpa's triangle. 2. Ollivier's proposal to apply the forceps upon the thighs, and not upon the pelvis of the fœtus, is plausible in theory, but not warrantable in practice. If his directions were carried out, the abdominal walls, and especially the region of the liver, might be compressed in a dangerous manner. 3. The application of the forceps upon the sides of the fœtal pelvis is easier, more certain, and less perilous than Ollivier's method. The soft tissues which cover the iliac bones form a suitable protection for them, and an unusual compressive force would be requisite to injure the bony structure. In all the author's experiments there was neither fracture of the iliac bones nor injury to the sacro-iliac or pubic articulation. 4. In order to obtain a good grip, the bite of the blades should reach the level of the iliac crest. The *point d'appui* should be taken at the iliac crest; the convexity of the fœtal hips will adapt itself to the concavity of the blades of the forceps, and the abdominal viscera will escape injury. 5. Porro's forceps thus applied has an excellent grip, especially in the anterior presentations. In the intervals between the efforts at traction it is desirable to maintain a certain compressive force with the instrument, lest the resiliency of the iliac bones cause the instrument to lose its grip. 6. Porro's forceps will answer all the requirements for application to the breech. The author thinks that most of the forceps which are now in use are too large, and have departed far from the simple plan of the original instrument.—*N. Y. Med. Jnl.*

THE ANATOMY OF THE HYMEN.—Dr. S. Pozzi has recently made a double series of anatomical investigations on this subject. First, on the embryo, in order to determine by sections the independence of the formation of the hymen, and the terminal parts of the ducts of Müller; and, second, on infants and adults, in order to dissect the masculine band *(bride masculine)* of the vestibule, and show its relations to the hymen. The conclusions which he draws from these investigations are as follows:—

1. The hymen is an appendage of the vulva and not of the vagina; it is formed at the expense of the urogenital sinus, which also forms a short vestibular canal, this last being the entrance to the vaginal canal.

2. The name *bulb of the vagina* has been unwisely given to the lower part of the vascular plexus, which occupies a prominent position in that canal. There is no ground for distinguishing a distinct organ here, and it should not be compared to the bulb of the urethra in man. It may as well be said that the corpora spongiosa are the analogues of the labia minora.

3. An attentive examination of the vestibular region in woman will show a small band or frænum (*bride*) between the clitoris and the meatus, about two-tenths of an inch long in the adult, easily recognized by the rectilinear outline of its borders, marked by a median furrow, and divided inferiorly so as to encircle the meatus. When the hymen exists, it appears to be continuous with this frænum. Pozzi proposes to call this small band, now described for the first time, the male frænum of the vestibule *(bride masculine du vestibule)*.

4. The study of the balano-urethral frænum—so noticeable in cases of hypospadias—shows the identical connections between that large band and the atrophied frænum *(bride)* of the female vestibule.

The bifid condition at the meatus and its continuity with the hymen are easily shown. But in hypospadias it is clear that the frænum is a vestige of the corpus spongiosum arrested in the embryonic stage. The hymen of the hypospadias then, proceeding from the frænum, is an appendage of the corpus spongiosum, and is the terminal part or bulb. This conclusion may be applied to the female organ, and it may be said that *the hymen in the female is the analogue of the bulb of the urethra in man; it is the bulb arrested in the fœtal state, non-erectile, and membraniform.* [Henle has noted the frequent presence of cavernous or erectile tissue in the hymen.]

5. The connections of the gland of Bartholin to those of Cowper may be also easily made out. The considerable length of the excretory canal for the male glands, compared with their shortness in the female, should be especially considered. This admits of the opening of the canal considerably in front of the membranous region, at a certain distance in front of the posterior part of the bulb; that is to say, at a point exactly corresponding to the opening of the duct of Bartholin, in front of the hymen, at a certain distance from the fourchette. The opening of Bartholin's gland in the prehymeneal portion of the vulva is the origin of that singular lengthening of Cowper's duct.

6. The male frænum of the vestibule in woman is the vestige of the anterior or cylindroid portion of the corpora spongiosa, just as the hymen is the vestige of their posterior or ovoid portion.—*Gazette Méd. de Paris*, February 23, 1884.—*Med. News.*

Hydrastis Canadensis in Painful Menstruation.—In one of the recent numbers of the *Archiv. fur Gynakologie*, Prof. Schatz calls the attention of his colleagues to the value of tincture of hydrastis in many cases of painful menstruation, which hitherto have been supposed to need operative interference. The hydrastis contracts the vessels and lessens the genital congestion. Often by its use the pain attending the menstrual epoch is diminished or wholly removed.—*Med. and Surg. Rep.*

Dodging Period.—Dr. Goodell thought the dangers of the menopause much overrated. Cancer and fibroids of the uterus occurred more frequently at that age than any other, and had caused the popular dread. Although hæmorrhage was always pathological, its cause could not always be discovered, and in this "dodging period" serious hæmorrhage might occur and no dangerous condition exist. He would like to believe that cancerous growths had a benign incipiency, but could not go so far. The microscopists made many mistakes in ascribing malignancy to growths removed from the uterus. Dr. Goodell then gave a number of cases in which experienced microscopists had given prognoses of early fatal termination, based upon the cell-formation of growths removed from the uterus; but these patients had recovered, and now showed no evidence of any diseased condition. With regard to the small proportion of cancerous growths following laceration of the cervix uteri, he called attention to the large number of Irishmen using clay pipes, and the small number of lip cancers; and yet it was universally acknowledged that the use of a clay pipe was the principle cause of such growths.

Blood-letting is practised very freely in Turkey and the East, and women, as a consequence, got very stout; such women were more liable to profuse hæmorrhage at the "dodging period."—*N. Y. Med. Jnl.*

The Uterine Mucous Membrane During Menstruation.—A recent number of the *Zeitschrift für Geburtshuelfe und Gynækologie* contains a paper on this subject by Dr. Theodor Wyder, of Zurich. He commences with a criticism of the observations of others on the point, and takes exception to most of them on the ground that sufficient care has not been taken to discriminate the effects of disease and of *post-mortem* alterations from physiological changes. He admits some few former descriptions as valid, and has made observations on nine women himself. His own were made in the following manner. He chose women in health and menstruating regularly. During menstruation a speculum, not oiled, was passed, and the blood and mucous oozing from the cervical canal were collected with a glass rod or a syringe, neither instrument being oiled, and care being taken not to let it enter the cervical

canal lest any cervical structure should be accidentally detached. The blood and mucous thus procured were examined microscopically. He comes to the following conclusions :

1. During menstruation a part of the superficial layer of the mucous membrane is destroyed, while the rest persists. This removal of the superficial layer of mucous membrane takes place to a different degree in different cases, sometimes being complete, sometimes "minimal." The separated layer in part retains its structures, in part is broken up into detritus, in some cases small bits of mucous membrane, in structure like the membranes of dysmenorrhœa membranacea, but causing no pain on account of their smallness, being found in the menstrual discharge.

2. The separation is a consequence of the menstrual hæmorrhage, and not of primary fatty degeneration. The latter is rather a consequence of the detachment and breaking up of the mucous membrane effected by the bleeding.

3. The superficial and middle layers of the remaining mucosa are composed of small cells, and have no resemblance to the decidua of pregnancy; while in the deeper layers there is a cellular hyperplasia of the interglandular tissue plainly intended to reproduce the tissue cast off during menstruation.

4. The regeneration of superficial epithelium takes place both from the glandular epithelium, and from the larger or smaller islets of superficial epithelium.—*Maryland Medical Journal.*

Pseudo-Cyst of the Ovary.—At the Pathological Society of Nantes, M. H Heurtaux exhibited the specimens of a pseudo-cyst which had given rise to all the clinical signs of a true ovarian cyst. The patient, aged 45 or 50, had for months observed her belly increasing in volume, becoming globular and fluctuating. She had had no particular previous history, no anterior phlegmasic phenomena, and the distress resulting from the development of the belly alone caused her to seek surgical aid. A median abdominal incision disclosed a thick smooth resistant surface, similar to that of a cyst. Numerous adhesions existed between this surface and the abdominal wall especially at the sides. Puncture gave exit to many litres of citrine liquid, similar to cystic fluid, the discharge frequently stopped and began again when the canula was displaced in different directions. The dissection of the adhesion was laboriously accomplished with the thermo-cautery, scissors and fingers. Much trouble was experienced in destroying a very close adhesion at the periphery of the pouch, uniting it with the colon ascending, descending and transverse. This adhesion once divided, the small intestine appeared perfectly free. The pouch which had been taken for a cyst had no posterior wall, and was found applied like a watch glass to the arc of the colon. It was a kind of apron covering the mass of the small intestine.

The cavity was constituted in front by a wall convex anteriorly, fibrous, thick, and resistant; behind by the meso-colons and the small intestine. There was no trace of the great omentum. The patient survived the operation only a few hours. The incomplete pouch which was presented, represented a segment of a sphere about 25 cm. in diameter at its base. Its external surface smooth, of fibrous appearance. Its internal face is areolar. These characters added to the absence of the omentum lead to the presumption that the internal face is constituted by the omentum degenerated by a partial peritonitis. The external face is supposed to be formed of new membranes fixing it to the large intestine.—*Gaz. Med. de Nantes.*

Rupture of the Aorta During Labour; Post-Mortem Delivery. — The following case is reported from the Obstetrical Clinic at Helsingfors. A woman, æt. 38 years, pregnant with her third child, after taking a bath, came to the clinic complaining of cold. Her previous health had been good. Vaginal examination showed that the os was completely dilated. The head was in the first position. The uterine contractions were energetic. Ten minutes afterward the patient suddenly had a violent convulsion, went into a state of collapse, and ceased to breathe. It being evident that the woman was dead, the forceps were quickly applied and the child delivered.

An autopsy of the woman showed that the pericardium was distended with a large quantity of blood. The heart was fatty, and strongly contracted. A little above the sigmoid valves, was found a rupture of the aorta, involving the internal and middle

coats. The aortic coat was very thin at the seat of rupture, and there was a small spot of atheroma on the ascending portion of the vessel. Heinricius, the reporter, thinks that the rupture was due to the increased blood-pressure caused by the energetic contractions of the uterus and the abdominal walls. He has not been able to find another case in literature of the rupture of the aorta during labour.—*Med. News.*

VAGINAL HYSTERECTOMY.—Professor Mueller of Bern, performs this operation (*Med. News.*) for carcinoma uteri by a method differing from those usually employed. To prevent hæmorrhage he first compresses the abdominal aorta with the fist, and by limiting his incisions to the anterior and posterior walls of the vaginal vault he avoids bleeding from the large vessels which ramify in the lateral walls. The uterus is retroverted through the posterior incision (a difficult operation), provisional threads are thrown around the broad ligaments and undivided vaginal walls, and the uterus is split vertically in two symmetrical parts. The resulting pedicles are now tied with strong double ligatures and divided near the uterus which is then removed. The vessels of the stumps are tied, and the aorta freed from compression and any other bleeding vessels secured. The stumps are allowed to retract and the ligatures cut off on a level with the vulva, and the vagina tamponed. The parts are thoroughly douched with sublimate solution. The ligatures should come away in the third week.

A NEW METHOD of Partial Extirpation of the cancerous uterus is reported by Dr. Ely Van De Warker. He amputates the cervix uteri up to the vaginal junction. Excising it as high as the os internum making an irregular triangle with the base at the vaginal junction, but little hæmorrhage follows. The uterus is packed with masses of absorbent cotton dry from an iron solution of one part of subsulphate of iron to three of water. The dressing is removed on the second day, then the opening is packed with caustic cotton, using a solution of chloride of zinc, protecting the vagina with vaseline pomade made by adding one part soda bicarbonate to three parts of vaseline.—*Med. Review.*

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, MAY, 1884.

PROPOSED CHANGES IN THE COUNCIL'S CURRICULUM.

In our last issue we referred to the proposed changes in the standard required for matriculation at the Intermediate Examinations. It will be remembered that one of the proposals was to make sixty per cent. the minimum in each of the following six subjects: English Grammar, English Literature, Composition, Dictation, History, and Geography. We hope the members of the Council will consider the question very carefully before adopting any such proposals. Such a standard for ordinary passmen is not required (so far as we know) by any Teaching Institution in the world. In fact such a requirement is simply a farce, because not one out of ten would be likely to obtain such marks if the examination was conducted with ordinary efficiency.

In order to test this question in connection with the case in point, we consulted Mr. Marling, and by his kindness and courtesy were allowed to inspect the marks obtained by three hundred successive candidates at the Intermediate Examination of 1883. The result showed that only one solitary individual out of the three hundred obtained sufficient marks for a *pass*, according to the standard proposed by the Council's Committee.

It may be that the standard at present is rather low, as the minimum ranges from twenty-five to about thirty-eight per cent., but at the same time it should not be forgotten that fifty per cent. is required on

the aggregate. It might be well to adopt a higher grade, but the change should not be sufficient to reject the great bulk of the candidates who present themselves. The result would be to force the students to take the Arts Matriculations in the different Universities, as they are at present accepted. To such a result we offer no strong objections, but we fancy such was not the intention of the Council.

It was also proposed to require Graduates in Arts to take the full course of four years as prescribed for others. We would certainly like to see all our students engaged in the study of medicine for a period of four years before commencing practice, but at the same time we think the Profession would not suffer by allowing these Graduates one year in consideration of the great advantages obtained by them in four extra years of study, especially when their course includes subjects contained in the ordinary medical curriculum. It is well to remember, at the same time, that the Council in its honest endeavours to raise the standard of medical education is sadly handicapped by the procedures of a certain Examining Board, an Institution which is a disgrace to the Classic City of Edinburgh as well as the whole United Kingdom, which is apparently willing to accept and pass anything from this continent, when the sufficient number of guineas is at the same time forthcoming.

We would prefer to see Botany retained in the Primary Examination, unless the candidates had passed on this subject when matriculating. Pharmacy might well be substituted for Therapeutics in the Primary, and Therapeutics included in the Final. We quite approve of the proposals to compel the candidates to present certificates of proficiency in mounting microscopic specimens, also certificates of attendance on six post-mortem examinations with ability to draw up reports of same, and certificates showing that they have worked satisfactorily as clinical clerks and surgical dressers.

SENATE ELECTION FOR TORONTO UNIVERSITY.

We hope the Graduates in Medicine of Toronto University will remember that the voting papers should be sent to the Registrar between the 1st and 6th of May, in time to be delivered before noon, May 7th. Although there were two Medical Men among the retiring members, we regret to say that Dr. Graham has declined re-election. Dr. Thorburn is therefore the only Medical Candidate in the field. It is certainly desirable that there should be a fair Medical representation in the Senate, and we earnestly hope that Dr. Thorburn will not be defeated through the carelessness and indifference of the Medical Graduates. Don't fail then to fill out your papers at once, and send them in. With reference to the other Candidates, Mr. Louden is too well known to need any eulogies from us. He is one of our most distinguished Graduates, of whom we are all proud, and one of the most efficient members in the Senate. Mr. Coyne, of St. Thomas, is one of the ablest of our younger Graduates. He is very active and zealous in University matters, and will get a large vote, both in and outside of Toronto. To the other candidates we have no objections to offer, excepting this, that every vote cast for any one of them will diminish Dr. Thorburn's chances of re-election. We want no *plumping*, as such a course is unfair, and would alienate the *Arts Men* from us.

We ask our friends therefore to vote *at once* for

James Louden, M.A.
James Thorburn, M.D.
James Henry Coyne, B.A.

THE THIRTY-EIGHTH ANNUAL MEETING of the Association of Medical Superintendents of American Institutions for the Insane, will be held at the Continental Hotel, in the City of Philadelphia, on Tuesday, May 13th, 1884, at 10 a.m.

UNIVERSITY OF TRINITY COLLEGE.

At the Convocation of the University of Trinity College, held on Thursday, April 17th, the following degrees were conferred:

M.D., C.M. — H. Robertson, A. M. Baines, T. C. Cowan, A. Davidson, S. W. Lamonaux, H. Meikle, T. McK. Milroy, J. C. Mitchell, J. B. Gullen, E. M. Hoople, E. B. O'Reilly, J. T. Sutherland, E. R. Wood, W. McE. Brown*, J. L. Davison*, G. A. Bingham*, E. H. Williams*, G. Fierheller, E. A. Hall, G. L. Airth, James Johnston, J. Standish McCullough, S. A. McKeague, F. H. Johnston, D. Gow, A. Gillespie, S. M. Dorland, W. S. Harrison, E. J. Eade, J. M. Cochrane, A. D. Lake, A. McKillop, W. E. Sprague, Jas. S. McCullough, R. Ovens, T. Ovens, G. L. Johnston, W. J. Chambers, P. N. Davey, T. H. Mott, T. McCullough, O. M. Belfry, J. C. Bell, E. Furrier, A. V. Delaporte, J. E. Brown, J. E. W. Anderson, J. Park, E. A. Fillmore, J. H. Kilgour, A. V. Sturgeon, J. C. McIntyre, T. M. Lawton, D. N. Carmichael, W. H. Hamilton, W. O. Scott, A. Farncomb.

M.D.—W. H. Macdonald.

C.M.—Dr. F. D. Canfield, Dr. J. A. Gaviller, Dr. W. W. Geikie, Dr. W. T. Harris, Dr. D. McLeod.

Gold Medallist.—The University Gold Medal was conferred upon E. H. Williams.

*Certificate of Honour.

VICTORIA COLLEGE.

The following gentlemen having passed their examinations have been recommended for the degree:—

M.D., C.M.—A. C. Smith, G. H. Carveth, H. Bascom, C. M. Foster, T. W. Simpson, G. A. Cherry, J. E. Elliott, H. S. Martin, D. Campbell, E. F. Hixon, L. G. Langstaff, A. Sangster, S. E. C. McDowell, A. T. Rice, C. W. Hunt, G. S. Wattam, J. H. Jolliffe, J. O. Orr, W. A. Robertson, J. W. Campbell, A. Broadfoot, F. Beemer, J. R. Phillips, C. W. Chaffee, J. H. C. Willoughby.

Primary Examination.—W. J. Parry, J. E. Pichard, W. C. Heggie, H. A. Wright, W. C. McKinnon, W. J. Teasdale, J. A. Rutherford, J. R. Dales, D. M. Williams, W. H. Wright, G. Simenton, C. E. Lawrence, L. L. Hooper, C. J. Smith, J. M. Forster, P. P. Park, G. Sanson, C. A. Hodgetts, E. E. King, G. A. McDiarmid, L. G. Smith, A. McGillivray, T. J. McDonald, S. West, R. J. Wood, A. B. Riddell, W. R. Baker, C. J. Hastings.

TRINITY MEDICAL SCHOOL.

The medals, scholarships and certificates of honour were awarded to the successful contestants at the school building, on the 16th ult.

CERTIFICATES OF HONOUR.

First Year.—John McLurg, James McLurg, J. Hamilton.

Primary.—S. Scott, A. Graham, R. Lucy, W. H. McKeague, O. M. Belfry.

Third Year.—J. Rannie Logan.

Final.—W. M. Brown, E. H. Williams, G. Fierheller, S. A. McKeague, G. A. Bingham, G. L. Airth, R. Ovens, A. D. Lake.

SCHOLARSHIPS.

First Year.—1st. John McLurg, $50; 2nd. James McLurg, $30.

Second Year.—S. Scott, $50.

Third Year.—J. Rannie Logan.

MEDALS.

1st. Silver, E. H. Williams; 2nd. Silver, G. Fierheller.

Gold Medallist, W. M. Brown.

COLLEGE OF PHYSICIANS AND SURGEONS

PRIMARY, 1884.

Anderson, J. E. W.; Bigelow, A. W.; Bateman, R. M. Britton, C. H.; Birkett, H. S.; Brock, L.; Barber, John; Canfield, F. D.; Cook, E. M.; Cassidy, J. J.; Cunningham, H. C.; Cutten, L. F.; Cleminson, J. M.; Charlesworth, W. H.; Davis, W. N.; Doolittle, P. E.; Dales, J. R.; Dwyer, A. W.; Dickson, G. J.; Edmison, A. H.; Earl, E. H.; English, W. M.; Eadie, A. B.; Ellis, D. D.; Ford, H. B.; Fielde, E. C.; Foster, C. M.; Ferguson, James; Grant, J. H. Y.; Graham, A.; Hall, W. R.; Hamilton, W. H.; Hamilton, H. J.; Heggie, W. C.; Hughes, P. H.; Hay, W. W.; Jones, John A.; Johnston, D. R.; Kyle, W. A.; Lynch, W. V.; Lapp, C.; Little, A. T.; Lucy, Robt.; Logie, Wm.; Mather, M.; Mothersill,

L. J.; Marty, J.; Mellow, S. J.; Mott, T. H.; McKeague, W. H.; McKenzie, G.; McCormack, N.; Noecker, C. T.; Osborne, A. B.; Parke, J.; Peaker, —.; Pichard, J. E.; Peters, G. A.; Parry, W. T.; Russell, D. G.; Rutherford, J. A.; Reynolds, Helen, E.; Routhier, L. G.; Rice, A. T.; Shaver, A. M.; Simenton, G.; Sanson, Geo; Snelgrove, C. F.; Sandford, C. M.; Stacey, C. E.; Stirling, J. A.; Scott, Stuart; Smith, C. J.; Simmons, J. W.; Scott, W. O.; Shoults, Geo.; Smith, R. A.; Sprague, W. E.; Staebler, D. M.; Thompson, L. W.; Totten, O.; Veitch, Geo.; Willson, W. A.; Wright, W. H.; Wishart, D. J. G.; Weekes, W. J.; Winnett, F.; Young, W. J.

FINAL, 1884.

Addison, J. L.; Anderson, J. E. W.; Bingham, G. A.; Beatty, Elizabeth; Canfield, F. D.; Carveth, G. H.; Clerke, J. W.; Campbell, D.; Cochrane, J. M.; Cook, E. M.; Coughlan, R.; Davis, W. N.; Duff, H. R.; Draper, J. S.; Elliott, J. E.; Fierheller, G.; Foster, C.; M.; Fraser, R. N.; Ferguson, James; Fielde, E. C.; Hall, W. R.; Hixon E. F. Hamilton, W. H.; Hunt, C. W.; Herald, Jno.; Hall, E. A.; Johnston, G. L.; Jones, John A.; Johnston, F. H.; Kent, F. D.; Langstaff, L. G.; Lake, A. D.; Martin, H. S.; Mott, T. H.; McKenzie, A. F.; McGillivray, Alice; Orr, J. O.; Ovens, T.; Park, J.; Patterson, J. W.; Pringle, A. F.; Routhier, L. G.; Robertson, W. N.; Rice, A. T.; Ruttan, R. F.; Scott, W. O.; Shoults, Geo.; Sangster, A.; Smith, R. A. Sprague, W. E.; Stewart, S.; Spence, J.; Staebler, D. M.; Stewart, R. L.; Stirling, J. E., Smith, Elizabeth; Webster, H. E.; Young, W. J.

WOMAN'S MEDICAL COLLEGE.

The closing exercises of the Woman's Medical College, of Toronto, were held on the afternoon of Saturday, April 19th, in the theatre of the Normal School. A very large and interested audience were present. Dr. Barrett, M.A., President of the College, ably presided over the meeting. On the platform, beside the Chairman, were His Honour the Lieutenant-Governor and Mrs. Robinson, Mrs. McEwen, Dr. Geo. Wright, and Dr. Stowe-Gullen. Dr. Geo. Wright delivered the closing address. In well chosen words he gave a succinct account of the inception and progress of the College, touched upon the obvious necessities of female medical education, and referred to the generous support this College had received from the public, and detailed the advantages offered by Toronto for an institution for the teaching of medicine.

Dr. Barrett then stated that, through the kindness of a lady who took a great interest in the Woman's College, a scholarship had been given to the most successful candidate in the annual examination. The value of the scholarship amounted to $60. He asked Mrs. J. B. Robinson, to present to Miss Gavinia Gowans the cheque for that amount.

Mrs. McEwen, one of the warmest, most energetic and devoted friends of the College then addressed the meeting, congratulating Miss Gowans upon her success and hoping for a continuance of it in her course through life. She then proceeded to give a short statement of the financial condition of the College, and handing the subscription book to the President regretted to announce the sorrowful fact that this closed her connection with the College.

Dr. King, of Manitoba College, made a few remarks. The proceedings were then brought to a close by the announcement that the lectures would begin on the 1st of October next, when from present indications there would be a large class in attendance.

The subscription book was then asked for by some of the audience, and was returned with the addition of many handsome donations.

SOME of our readers have, doubtless, been called upon to pay their dues to the College of Physicians and Surgeons, and all have, doubtless, intended to settle up their indebtedness. But owing to the hurry of life, the pressure of business, inadvertence, or forgetfulness, the matter has slipped from the minds of some. Their memory may have been rudely jostled by the reception of a lawyer's letter, or sad to relate, the courts may have had to settle a claim by, in some cases, adding costs, which were greater than the indebtedness which was sought to be recovered.

To those who may, in the future, receive a legal intimation that they owe the Col-

lege the dues for a year or two, we give the advice to pay up at once, and save the additional expense and trouble entailed upon all parties by delay or forgetfulness. The matter is out of the jurisdiction of our genial friend, the Registrar, Dr. Pyne, who was ordered by the Council to put the accounts into the solicitors' hands for collection. And the solicitors are acting with that promptitude which is a characteristic of the legal body in all cases in which money has to be paid—by other people.

The American Surgical Association is now meeting in the Lecture Room of the National Museum, Washington. The meeting extends from 30th April to 3rd May, and a most interesting list of papers is announced.

Correspondence.

To the Editors of the Canadian Practitioner:

Will you kindly allow us space in your journal to make an explanation with regard to our names having appeared as subscribers to a work on "Domestic Medicine." The book was left at our residences under the pretext, in nearly every case, for examination, and a slip was presented for signature. The person, who left it, in each case ,said he desired the signature merely to show that the book had been received, and for no other purpose. Not wishing to act discourteously we signed the slip, which was a simple receipt for the work, and the agent has no authority to use in his advertisement our names as subscribers for the "Practical Home Physician."

Wm. Oldright, M.D.
J. A. Temple, "
J. E. Graham, "
Wm. T. Aikins, "
George Wright, "
W. B. Geikie, "

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Canadian Institute, March 13th, 1884.

The President, Dr. Graham, in the chair. The minutes were read and confirmed. Dr. W. H. Macdonald was proposed for membership.

Dr. Ross presented a cancer of stomach.

Dr. McPhedran showed a placenta from a woman æt. 21, primipara, delivered at full term of dead fœtus, which, from its immature macerated state, had evidently been dead for some weeks. Fœtal movements were last felt six weeks before birth; she had been working hard, scrubbing, etc., on moving into a new house. A few days afterwards she had a return of morning sickness, which was relieved by drop doses of chloroform. The placenta is small, quite firm and thin in parts; contains two clots, a recent one about the size of an almond nut, another smaller, much older, and apparently partly organized at the margins. In two or three places the placenta is thick, soft, and on section seems fibrous in structure. Microscopic examination of the part around the recent clot shows fibroid structure for the most part, but partially organized, intermingled with extravasated blood. The villi, in some parts, appear to be thickened; in others, they are more or less destroyed by extravasation. Many places show well marked fatty degeneration. The trouble was probably due to placentitis, the extravasation being secondary. There was no history of syphilis.

Dr. Cameron asked what were the distinguishing features microscopically between a blood clot, inflammatory, and gummatous deposits.

Dr. Graham thought that in syphilitic deposit there would be a more concentric arrangement of the fibrous material than in a simple clot.

Dr. Ross said the cellular element predominated in syphilis, the fibrinous in an organized clot.

Dr. Wallace presented a case of knee-joint disease. A boy æt. ten years, last July, in getting into bed, struck the knee against the bedstead; not suffering much pain he did not apply for treatment until four months had elapsed. The joint was then enlarged, especially on its inner aspect; no pain complained of; a slight limp when walking. The family history is good, although their lungs are supposed to be weak.

The case was examined by the members.

Dr. Cameron considered it a case of tubercular osteitis and recommended rest, pure air and good food, cod liver oil and iron.

Dr. Ross had had under his care a case which had pursued its course entirely without pain until contraction of the muscles set in. Tenotomy was then performed and good results ensued.

Dr. Ross presented for examination a little girl who had had diphtheria, followed

by paralysis of the tensor and levator palati muscles, myopia was also present due he thought to the effects of the diphtheria.

Also an elderly lady affected with Bell's paralysis of the right side. The trouble had supervened three years ago and had been gradual; it was primary not hemiplegic.

Dr. Reeve said that the myopia in the first case might be a condition of simulated myopia in which the defect of sight was overcome by approaching the object.

Dr. Cameron thought the paralysis following diphtheria was due to an ascending neuritis, or to atrophy and fatty infiltration of muscle fibre due to inflammatory trouble.

Dr. McPhedran exhibited the œsophagus of a small dog in which the neck bone of a fish had become impacted just above the cardiac orifice of stomach. The bone was about 1½ inches long and lay transversely, having perforated the œsophagus and entered the left pleural cavity in which was found various fluids that had been taken during the four or five days the dog lived after the bone was swallowed.

In connection with this specimen Dr. McPhedran reported the case of a gentleman, who, while eating a dinner of beef steak, suddenly felt something stick in the throat. It caused great dyspnœa and inability to swallow anything but fluid and even that with much difficulty and discomfort. He was seen immediately afterwards but nothing could be discovered either by the finger or the laryngoscopic mirror. The difficulty was referred to the part behind the larynx. A small probang was passed gently without meeting any obstruction; a horse hair *umbrella* probang was then passed but without finding anything. During the following two weeks there was scarcely any change in the symptoms; nothing but fluids could be taken. External pressure revealed tenderness or rather consciousness of touching the site of the trouble when the finger was pressed on the right side behind the cricoid cartilage. General health suffered from improper nourishment and anxiety. After a couple of weeks the symptoms began to improve somewhat and fluids could be taken with less discomfort. The examination was repeated on two or three occasions but without effect. Emesis did no good. The last examination was made on January 7th last, five weeks after the occurrence of the accident. By this time he could swallow semi-solid substances though with some discomfort. On this occasion a large piece of compressed sponge was first introduced into the œsophagus through a tube and after some time withdrawn. There was no pus on it to indicate ulceration. A horse hair probang was then passed and withdrawn fully expanded but brought up nothing. Finally a large œsophageal sound was passed into the stomach; it had been passed on a previous occasion. The next day the symptoms were much better, and on the day following they had completely disappeared. It appears probable that a small spicula of bone or some similar foreign body which had been lodged in the wall of the œsophagus had become loosened by ulceration and was removed by this last exploration. The gentleman, though of a nervous temperament, was not in the least inclined to hysteria.

Dr. Nevitt mentioned a case which he had reported to the Society of a woman who after swallowing a piece of the crisp skin of a roasted goose felt something stick in her throat Nothing was found by examination, but shortly afterwards she had repeated and alarming hæmorrhages and died. Post-mortem showed the trachea and bronchi filled with blood and an ulcer of the œsophagus leading to a perforation of the superior thyroid artery.

Dr. Cameron had met with several cases which he considered of nervous origin.

Dr. Graham mentioned the case of a woman who entered the Hospital with symptoms of paralysis of larynx and pharynx or aphasia. She was treated for the latter for nine days when she died, and post-mortem a plate containing false teeth was found in the larynx, but no brain lesion.

Dr. Graham presented a case of colloid cancer of the great omentum, the primary lesion he thought was upon the anterior wall of the stomach; the liver was invaded throughout with secondary nodules. The mucous membrane of the stomach was but slightly affected.

2. C. F., æt. 23, sub-diaphragmatic abscess opening into the pleura and lung, (See *Practitioner*, April, '84, p. 102).

3. Epithelioma of rectum with an opening into the bladder. There were secondary deposits in the glands of the pelvis and mesentery. Mucous membrane of bowels

was much congested. The liver was not affected.

4. R. D., æt. 60, right lung was adherent to walls of chest to about the level of the fifth rib. On the posterior surface of the anterior wall was found a tumour which projected into the lung substance, and on the anterior surface of the posterior wall there was also a tumour about the size of a man's hand, cartilaginous in appearance, broken down in the central parts and filled with pus and coarse granular debris. Projecting from the posterior tumour was a calcified spiculum about three inches long directed towards if not actually connected with the anterior tumour.

5. Uterus of a woman who had died of eclampsia twelve hours after delivery.

6. Kidneys from an Italian who had had both feet frozen. The kidneys were much enlarged, white, weighed eight ounces each. Interstitial and parenchymatous nephritis existed together.

Dr. Cameron thought that the second case reported might be classed under the head of perinephritic abscesses, occurring in the upper plane described by Roberts and Gibney. In regard to the peculiar growth found in case four, he inquired whether it was considered congenital. He had seen a somewhat similar case which he had thought was a new growth.

Dr. Ferguson reported a case of hereditary polydactylism. The child had six fingers upon each hand. The child's mother and a sister of the mother had been born with six fingers; while a second sister had had six fingers and six toes, and their mother had also six fingers.

2. The case of A. B., a young man of good health had indulged in violent exercise at football, on Saturday, the next day while at church he felt chilly, but had no distinct rigor. On Monday the left knee was swollen; was first seen on Tuesday at 9 a. m. It was regarded as a case of synovitis. The thigh rapidly swelled, and on Thursday the right lung was consolidated, and on Friday a large amount of fluid had accumulated in the pleural cavity of that side. The pericardium also rapidly became distended with fluid, and patient died on Saturday evening. The right pleural cavity, the left knee and thigh, and the pericardium contained large quantities of pus. He considered the violent exercise on Saturday gave rise to an excessive waste of tissue more than the system could eliminate and consequently rapidly fatal pyæmia set in.

3. Syphilitic pyrexia in a young man twenty-eight years of age. The sore appeared on the 25th day from the first exposure, and 6th from the second. The glands became distinctly enlarged by the twelfth day. This was followed by a macular eruption. There was great loss of weight, severe headache, sleeplessness and profound cachexia. For three weeks the temperature ranged from 102° to 105°, which was the highest point reached. There was some delirium. Specific treatment was badly borne by the mouth and hypodermics were resorted to. The temperature fluctuated greatly. There was a distinct vesicular eruption along with the macular.

Dr. Macdonald asked why, after empyema was diagnosed, the pus was not evacuated by aspiration or otherwise?

Dr. McPhedran inquired how Dr. Ferguson accounted for the complete consolidation of the lung.

Dr. Ferguson could not account for the lung consolidation. He did not aspirate for in the patient's condition, it would have been useless. Pus formed first at the knee, then in the thigh and pleura. The heart was apparently invaded last.

Dr. Cameron thought it probable that it was a case of ulcerative endocarditis; the knee trouble being consecutive to the heart affection.

Dr. Duncan said that at the last inquest he had held at the gaol, the subject had died of pyæmia with no apparent cause for it except a trivial burn upon the finger. Pus was found in the knee and in the elbow joints.

Book Notices.

Le Citoyen Americain. Minneapolis, Minn.

Transactions of the N. Y. Medico-Chirurgical Society, 1883. Vol. III.

Weekly Health Bulletins for March. Ont. Board of Health. P. H. Bryce, M.A., M.D., Secretary.

Michigan State Board of Health. Abstract of Meeting, April 8th, 1884. H. B. Baker, M.D., Secretary.

Aneurism of the Femoral Artery and a Knife Wound of the Intestines. By W. O. Roberts, M.D. (Reprint from *American Practitioner.*)

Transactions of the Medical Association of the State of Missouri at its 26th Annual Session, held at Jefferson City, Mo., May 15, 16, and 17, 1883.

Weekly Health Bulletins and Meteorological Reports for State of Michigan, and Monthly Mortuary Report for the City of Lansing. O. Marshall, M.D., Health Officer. Issued by Michigan State Board of Health. Henry B. Baker, M.D., Secretary.

Electrization of the Sympathetic and Pneumogastric Nerves. With Simultaneous Bilateral Compression of the Carotids. By J. Leonard Corning, M.D. (Reprint from *N. Y. Med. Jnl.*)

Surgical Applied Anatomy. By Frederick Treves, F.R.C.S., Assistant Surgeon and Demonstrator of Anatomy, London Hospital, etc. Philadelphia: Henry C. Lea's Son & Co.; Toronto: Vannevar & Co.

This is a comparatively small book, but contains within its 500 pages a wonderful amount of interesting and valuable information, useful alike to the advanced student and the practitioner, be he Surgeon or Physician. As signified by the title, it treats of Anatomy as applied especially to Surgery, but to a considerable extent also to Medicine. It is likely to prove one of the most popular and useful works in the series.

Illustrated Medicine and Surgery. Edited by Profs. Geo. H. Fox and Frederic R. Sturgis of New York, with the co-operation of Profs. Willard Parker, A. C. Post, J. L. Little, T. G. Thomas, A. L. Loomis, F. Delafield, D. B. St. J. Roosa, C. R. Agnew and Austin Flint. Vol. II, No. IV. Quarterly. New York: E. B. Treat, No. 757 Broadway.

The contents of this No. are as follows:—Herpes Facialis, (1 Illustration) by G. F. Jackson; Removal of a Capillary Nævus, (2 Illustrations) by Jarvis S. Wight; Hypospadius Hermaphroditisium, (2 Illustrations) by James L. Little; A Case of Hereditary Deformity, (2 Illustrations) by E. P. Williams; Mucous Patches of Os Uteri and Vagina, (1 Illustration) by Fessenden N. Otis; Venereal Warts, (1 Illustration) by Walter L. Ranney; Three Cases of Fracture of Spine, (8 Illustrations) by J. Emmett Holt; Downward Displacement of Transverse Colon, (2 Illustrations) by C. H. Thomas; and a Case of Syphilitic Dactylitis (2 Illustrations) by H. P. Lyttle.

Drugs and Medicines of North America. A Quarterly devoted to the Historical and Scientific discussion of Botany, Pharmacy, Chemistry and Therapeutics of the Medicinal plants of North America, their Constituents, Products and Sophistications. J. U. Lloyd, C. G. Lloyd, 180 Elm Street, Cincinnati, Ohio.

The first number of the first volume of this Quarterly has reached us. It contains articles upon some of the Ranunculaceæ, Clematis Virginiana, Thalictrum Dioicum, Thalictrum Anemonoides, Anemone Nemorosa, Anemone Patens. The work has many illustrations, both of the macroscopic and microscopic appearances drawn by J. A. Knapp and Louisa R. Stowell, and also taken from various authorized botanical works. The authors have undertaken a great task, one that requires an immense amount of energy, research, tact and judgment to carry it to a successful issue.

Shakespeare as a Physician. Comprising every word which in any way relates to Medicine, Surgery or Obstetrics, found in the complete works of that writer, with criticisms and comparison of the same with the medical thoughts of to-day. By J. Portman Chesney, M.D., Prof. Gynæcology, N. W. Medical College, St. Joseph, Mo. J. H. Chambers & Co., Publishers, Chicago, Ill,, St. Louis, Mo., Atlanta, Ga.

The scope and intention of this work are well set forth in the title, and the only comment called for is on the manner of the execution. It is divided into nine chapters, comprising Obstetrics, Psychology, Neurology, Pharmacologia, Etiology, Dermatology, Organology, Chirurgery and Miscellaneous Topics; has evidently been compiled with much labour and carefulness, and presented with as much of continuity as could reasonably be expected. We have all, doubtless, observed and noted for ourselves with wonder and amusement the extent of Shakespeare's acquaintance with "the ills that flesh is heir to," but nowhere else than in this book have we met with an attempt to fully collate such instances and present them in a connected form. We owe the author a debt of gratitude for the zeal and assiduity with which he has performed the task; and feel that members of the profession will at once attest this fact, and provide themselves with a source of profitable delectation by the purchase of this book. On its perusal we are sure each will be little disposed to say, "I am nothing if not critical."

The Pathology and Treatment of Gonorrhœa. By J. L. Milton. New York: Wm. Wood & Co.

Wood's Library for 1884 reproduces the fifth edition of this well-known English work. It is certainly one of the most interesting and instructive books upon the subject in the language, the author's uncompromising iconoclasm with regard to the pet theories of others, his faculty of terse criticism and large practical wisdom lending at once zest and utility to his production. In this last edition, the gonorrhœal affections of the heart, pericardium, peritoneum, pleura, dura mater and sheath of the Spinal Cord, pyæmia, and pyelitis are for the first time treated of; Neisser's gonococcus discussed, and most, if not all, of the modern much vaunted remedies investigated and justly, if not considerately, consigned to that "limbo vast and round, since called the Paradise of fools."

Personal.

Dr. John S. King has been South for a few weeks holiday trip to recuperate his health.

Dr. Reeve was unanimously elected President of the Toronto Medical Society at its last meeting.

Dr. Frank Buller, of Montreal, was married on the 16th ult. to Miss Lily Langlois, of Quebec.

Drs. Geo. A. Graham, of Hamilton; W. A. Ferguson, N. B.; Wyatt Johnson, Que., have been appointed medical assistants to the Montreal General Hospital staff.

Dr. Lachapelle, of Laval University, Montreal, accuses the Examiners of Victoria University of communicating the nature of the examination questions to the students previous to the examination.

Dr. McConnell has been elected Alderman for St. Mark's Ward, and Dr. Carroll for St. Matthew's. They are the first representatives of the medical profession in the City Council since 1871, when Dr. Howson and Dr. Riddel sat at the Board.

Dr. Rolph Lesslie has been appointed Surgeon-General of the Lower Congo. Dr. Lesslie had only lately returned from the Congo, when he acted as physician to Sir Frederick Goldsmid's expedition, and now he accompanies Sir Francis de Winton, who is Governor of the district.

The editor of the Hanover *Post* has a $5,000 libel suit on hand, because he charged a patent medicine firm, who ignored his repeated calls to pay their indebtedness for advertising, with being cheats and swindlers.

Miscellaneous.

Shall I Locate? and Where?—Dr. George B. H. Swayze, of Philadelphia, makes the following sensible remarks:—"But *does* the city doctor have the easier life? No, one hundred dollars in the country will reach as far as three hundred to six hundred in large cities, according to location. With fees nearly the same among the general rank and file of the profession, it is self-evident that the city doctor must do extra work, must sustain extra wear and tear of body and mind to come out even. The perplexing uncertainties of a city establishment harass the lives of city physicians by day and by night. Hence, also, that so many city practitioners feel impelled to round out limited receipts by engaging every spare hour, needed for rest and recuperation, in the severe toils of authorship in some form. It is the pressure of current expenses, rather than the pleasure of overwork, that keeps so many pens busy turning out reports, reviews, essays and books; and hence the publication of so much that is speculative, artificial, unreliable, and unsatisfying to the mass of practitioners." * * * * * "And it need not be imagined by physicians in the country that eminent college professors acquire fortunes by practice; many of the greatest and the best have died insolvent. In the accessible calm and relaxation that physicians find in country locations without detriment to pocket and prospects, there is a luxury of comfort unknown to the profession amid the almost pauseless din and hurry of city life. *There* may he always find equivalent substitutes for money, when money there is none—but such is not the case in cities; *there* he may be greeted by refreshing landscapes, expansion of scene, quiet for weariness, reflection and sociality, but not so in cities, where all is contracted, walled-in, hustle and tussle, with no rest to eye or ear, or nervous system, or head or heart, from year to year. Is it any wonder so many long to get away for even a little while to enjoy the needful peace of Nature's quiet in God's country?"—*Md. Med. Jnl.*

THE

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TORONTO, JUNE, 1884.

Original Communications.

CASE OF CEREBRAL TUBERCLE ?

BY J. F. W. ROSS, M.B., L.R.C.P., LOND.
(Reported to the Toronto Medical Society, April 10th, 1884.)

E. P., æt. 12; parents both living and well. Her *father's* family consisted of three females and five males, all living and well.

Her *mother's* family consisted of the mother and father and twelve children, with history as follows:—

Father and mother both died of consumption.

Children—1. Male, died, æt. 13, consumption; (2) Female, married, died æt. 32, of consumption. Her husband died, but was not consumptive. Two children both died in infancy; (3) Female, died, æt. 25, consumption, not married; (4) Female, died, æt. 19, consumption; (5) Female, died, æt. 20, consumption, unmarried; (6) Male, died, æt. 23, consumption, married, no children, wife living and well; (7) Male, died, æt. 22, consumption, unmarried; (8) Male, died, æt. 20, consumption, unmarried; (9) Male, died, æt. 17, consumption, unmarried; (10) Female, living and well; (11) Female, living and well; (12) Male, died, æt. 18, consumption, unmarried.

Patient has three sisters and nine brothers living and well; one sister died at the age of eight months.

History of previous illness.—Has had no disease but measles.

History of present illness.—Patient complained about four months ago of headache. The pain extended all over the vertex; vomiting occasionally occurred; the mother had taken her from school; suddenly about six weeks after the first symptoms of headache and vomiting the patient was prostrated with vomiting, hard retching, and violent pain in the head; I was called to see her, and ordered ice to the head, and large doses of bromide of potassium; she was soon well again. About seven days after this her mother brought her to my office to consult me concerning the diplopia which had just developed; I examined the eyes with ophthalmoscope and found optic disc normal; the diplopia could only be obtained in the lower half of the square; no appreciable squint to be noticed; I concluded that the trouble was in the inferior rectus or superior oblique; ordered her to wear a bandage over the left, or sound eye; pupils acted well to light and patient could read if one eye was bandaged.

About two weeks after I was called to see her again; mother said she could not keep either eye bandaged as it made her feel sick and brought on the headache; she had just had another attack, commencing about the same time as the last one, *i. e.* at four a. m. The headache came first, then vomiting; and about four p. m. the same day she had a severe convulsion. The hands were thrown back; there was a slight cry; the teeth were ground together, and the tongue injured, so that it bled; consciousness was lost for three or four minutes, and then the patient spoke rationally, and complained of

the terrible pain in her head; tremor was well defined; the hands and feet were blue, cold, and shook; tendon reflex absent; no loss of urine or fæces, and no paralysis; same treatment as before, and she gradually became as well as ever; a flush to be seen on the cheek; skin dark; temperature, 98.4/5; pulse, 60.

Next day, March 29th—Pulse, 110; temperature, 98.2/5.

March 30th—Pulse, 96; temperature, 98.2/5; pulse easily increased on slight exertion or excitement, but not irregular.

April 4th—Called again and found the patient up and able to go about as usual; noticed slight internal squint in right eye, and diplopia in right hand square.

April 8th—Was sent for hurriedly; found patient had just recovered from another attack; she rose about four a. m.; went back to bed; felt it coming on as she expressed it, *i.e.*, pain in the head; rose, went into her mother's room to wish her a birthday greeting, returned to her own at 6.15, was seized with an attack of headache, vomiting with retching and a convulsion; was longer rousing from this one than usual, about 10 a. m. another convulsion occurred, preceded by vomiting; the aura was of very short duration, perhaps one minute; the family were at dinner; she said she felt sick, vomited almost immediately, and the head was thrown back, eyes turned up, hands and arms were drawn up, and then fell flaccid to side, pulse fell to 48 during the fit, hands and feet cold as before, a perspiration then broke out over the forehead, feet and hands became warmer, and pulse increased; temperature taken shortly after was normal; headache then entirely disappeared; this was unusual, as it continued for hours after previous attacks; consciousness was longer returning, and all night the patient lay in a semi-comatose condition; she vomited but once before the fit.

April 9th—Internal squint well marked in right eye, and patient said she could sometimes see double both to the right, left and downwards; when I tried her double vision only occurred in lower and right hand square; muscles of face, eyelids, and tongue, act perfectly; no other paralyses but those of muscles of right eyeball; she complains of phlegm in throat, but no difficulty in swallowing either solids or fluids; no history of syphilis; appetite good; tongue clean; urine normal.

April 10th.—Was restless until about 4 a.m.; now easy; pulse, 80; temperature, 98.4/5°; no cough, chest normal; of abdominal organs nothing to be noted. No diarrhœa; bowels have been regular throughout. Has had three attacks of retching since. I saw her yesterday but no fits since; hands and feet warm; intelligence, unimpaired. Patient laughs and jokes as if in perfect health. The convulsive attacks were all bilateral. No enlargement of lymphatic glands. Patient's skin is clear and free from any disease; head well formed, intelligence very good; no evidences of struma or rickets; no otorrhœa or rhinitis; no sighing.

Diagnosis lies between: Tubercular meningitis, cerebral tuberculosis, cerebral tumour, hysteria, onanism reflex, epilepsy, intermittent fever.

I would be in favour of excluding meningeal tuberculosis; there would be more pain, the patient would be more restless and irritable, the symptoms would hardly abate so completely; no sighing; pulse, not characteristic, not slow and irregular. In cerebral tumour and cerebral tuberculosis for months the only symptom may be repeated attacks of eclampsia. In cerebral tumour the pupils would be unequal and optic neuritis would most likely be found. Cerebral tumours less usual at this age than tubercles. One case reported of large abscesses giving rise to intermitting neuralgia with intervals of perfect health, until finally epileptiform convulsions occurred. hemiplegia, coma, and case terminated fatally in a few days.

In hysteria pulse would not drop so suddenly; eyes would probably be closed; there would be some crying or laughing; child has always been nervous, but never hysterical. She is just at the hysterical age, but complains of none of the usual pains that usher in the menstrual molimen. She has not improved, but grown worse under treatment. The convulsions might occur if hysteria were lapsing into epilepsy. There is no family history of epilepsy. We have, however, a distinct aura and the fits are epileptiform; but what is the cause of them? The cause of the symptoms I think is central. Although the patient has been watched carefully, we could neither catch her in the act nor in any act that would rouse suspicion of onanism. No discharge could be seen either on linen or genitals.

As regards intermittent fever, Professor Henoch gives one case of which the chief points were:—Healthy girl, æt. nine years, complained Friday 10 a.m. of diplopia and cold hands, soon followed by psychical disturbance; became unconscious and had a convulsion; convulsion repeated and alternated with coma for an hour. She then slept, after which patient felt well except slight headache. I thought of intermittent as no other cause could be found. They lived in a malarious district. Next day, well; day after at 4 p.m., attack renewed; child suddenly failed to recognize those around; hands were cold, and she complained of dizziness and diplopia in the lucid intervals. At 5 p.m. epileptiform attack and lasted till 6 p.m., when I found her cyanotic, pulse small and frequent. Under quinine no further attack occurred. At noon, following Tuesday, headache and vertigo and tremor for twenty minutes, but since then the patient has been quite well.

In some points this resembles my case but there was an absence of vomiting. I think the points of difference weigh down the resemblances, and I would put malaria at the bottom of the probable list. I lean towards cerebral tuberculosis and would be glad to hear the opinion of the Society. There is room for much difference of opinion.

Since this paper was read the patient has been going about in fair health. When asked a question she hesitates before giving an answer. Her mother says she is becoming childish. The intellect is evidently weakened. Vomiting has occurred again within the last twenty-four hours. Under the use of the bromide of potassium no fits have occurred since April 8th. She complains of a feeling of weakness in the lower extremities. Diplopia and strabismus are still present. She has a short, dry cough, but as yet no evidence of pulmonary disease can be found.

Selections: Medicine.

SUDDEN DEATH IN DIABETES.

BY ROBERT SAUNDBY, M.D., EDIN.

Within the last few years a great deal of attention has been paid to the manner in which saccharine diabetes ends fatally, and especially to that striking and tragic form which has been called diabetic coma, from the constancy with which coma supervenes to close the series of remarkable and distressing symptoms.

The frequency with which such cases occur may be inferred from the statement of Dr. Stephen Mackenzie, that of the cases of fatal diabetes collected by him from the registers of the London Hospital, all under the age of 25, with only one exception, died of coma.

Its relative greater frequency in young persons and acute cases is quite certain, but for the most part its etiology remains obscure. Clinical experience has suggested the dangers of long journeys, muscular exertion, nervous shock, and exposure to cold. Constipation is generally present, is very obstinate, and is theoretically likely to favour the onset of these symptoms.

Drs. Bond and Windle, in their remarks on a fatal case of diabetic coma which occurred at the General Hospital, say that the change from ordinary diet to richly albuminous food has been present as a factor in this and one other case under their observation. While not doubting the influence which great and sudden changes in

diet can produce in the system, and bearing in mind that Charcot states that the converse change frequently produces glycosuria as in the instance of novices in the monastery of La Trappe, I do not forget that in the case published by my friend Dr. Rickards, the patient was taking ordinary diet. This relation has not been referred to by other writers, and was obviously absent in many cases reported where the symptoms came on during the course of treatment, or during no treatment at all.

The premonitory symptoms vary very much. Sometimes the attacks begin with maniacal excitement; more commonly abdominal pain or headache are complained of; a sudden fall in the sp. gr. and sugar contents of the urine has been sometimes noticed, and when observed should be regarded with suspicion, although such an alteration is by no means always a cause for alarm.

Prof. Lépine attaches much importance to the rapidity of the pulse as a trustworthy prodromal sign.

The urine gives a Burgundy red colour on the addition of a solution of the perchloride of iron, the colour disappearing on heating the mixture. This reaction was at one time supposed to be a test for acetone, but this is a mistake. It is certainly present in diabetic urine apart from coma, and has been met with in other diseases. Thus Jaksch has met with it in many acute disorders, especially measles, scarlatina, and pneumonia. He has also observed it in a case of gastric cancer terminating fatally by coma. Hoppe-Seyler has described it in a case of sulphuric acid poisoning as occurring during the time no food was taken. Senator observed it in a case of atropine poisoning which died comatose. Dr. Windle has observed it in pneumonia, Bright's disease, scarlatina, and several other pathological conditions apart from coma. It cannot be therefore regarded as in any sense a pathognomonic sign, and we sadly need data to enable us to say whether it is ever absent in cases of diabetic coma. So far as I am aware no one has published a case in which its absence is noted, but I am quite prepared to admit the possibility.

As you are probably aware, diabetic coma was first described by Kussmaul in 1874. In the group of symptoms to which he drew attention, great and well-deserved importance was attributed to the peculiar character of the respiration, which is laboured and hurried, although the respiratory murmur may be plainly audible all over the chest. This symptom is so very striking, that Senator, in a recent paper, has maintained that it must be regarded as characteristic of Kussmaul's type of coma, and that no case of terminal coma in which this peculiar breathing is not present should be included in this class.

Frerichs, too, in his valuable contribution to this question, classifies his cases mainly according to the presence or absence of this symptom. Much as has been said about this dyspnœa, it is not always present in diabetic coma, and such a case was reported in the *British Medical Journal* by Dr. Prescott Roberts.

Senator, while regarding this respiratory dyspnœa as essential to the type of Kussmaul's coma, shows that it is by no means confined to diabetes, and publishes notes of cases occurring in chronic cystitis, gastric cancer, anæmia and atropine poisoning in which it was present.

Dr. W. Roberts gives "slow panting and labourious respiration with drowsiness, rarely coma, and very exceptionally convulsions" as symptoms of obstructive suppression of urine.

Another symptom which is very striking when present, but far from constant, is the peculiar odour of the breath, which has been variously described as like sour beer, apples, hay, chloroform, and acetone. Is it probable that all these comparisons have been applied to the same odour? It would seem that acetone or sour beer affect our noses very differently to apples, chloroform, or hay. Unfortunately, it is very difficult to institute any precise standard of odour. But Drs. Frederick Taylor and Stephen Mackenzie have never been so fortunate as to smell this odour. Frerichs groups several of his cases as not presenting this symptom; it has not been always noticed in the cases we have observed at the General Hospital.

These differences indicate the importance of observing and recording carefully all the facts in such cases when they come under observation. It is probable that there may be two or more types of sudden death in diabetes, and that these may be dependent upon an equal number of distinct morbid influences; but in order to determine this, we want first of all carefully recorded clinical histories. Perhaps I may be per-

mitted to say, that I have become convinced that too much reliance has been placed upon the assistance to be derived in the advancement of medical knowledge from laboratory work, and that the all-important value of clinical observations is too often forgotten.

For want of clinical data all pathological work comes sooner or later to a stand still. Morbid anatomy with all its refinements and aids from histology and chemistry, is not, and can never be a substantive science. It is the great adjunct to clinical medicine, but the latter must lead the way. It is therefore worth while to give a short account here of Frerichs' attempt to classify the various forms of diabetic coma.

He distinguishes three types. *In the first group* he places cases which suddenly, and usually after previous exertion, become prostrated, with cold extremities, small failing pulse, drowsiness, and loss of consciousness, terminating fatally in a few hours.

In the second group the duration is longer, and there is a prodromal stage which may be general prostration, gastric disturbance, vertigo, vomiting, constipation, or a local disease, a dental abscess, pharyngitis, an abscess with a tendency to gangrene, bronchitis, or catarrhal pneumonia. The attack itself commences with headache, restlessness, delirium, anxiety, sometimes with maniacal outbursts, dyspnœa, frequent deep respiration with free entrance of air into the lungs, sometimes with cyanosis, sometimes without it, feeble rapid pulse, low temperature, drowsiness and coma. The breath has a peculiar smell like fruit, or chloroform, or acetone; Frerichs is here not very definite about the smell. Such cases may recover temporarily, and in some rare instances the attack may quite pass away. The duration of the symptoms may be from 24 hours to 3 or 4 days, or even longer.

In the third group he places cases which present no dyspnœa or anxiety, have moderately firm pulses, and are fairly well nourished. The attack is characterised by headache, a feeling of intoxication, with disordered gait, sleepiness, and gradual coma, from which they do not awaken. The breath has the characteristic smell.

In the first group the symptoms are those of collapse, coma occurring only at the end, and the duration of the whole attack is very short. In the second group, we have Kussmaul's typical complex of symptoms, with dyspnœa, peculiar odour of breath, and coma. In the third group, there is no dyspnœa, the symptoms more closely resemble intoxication, but the breath has the characteristic smell, and coma is present.

I do not wish to trouble you with very much pathology, but as there has been so much discussion upon the causation of these sudden deaths, you might blame me if I did not attempt to tell you briefly the present state of the question.

There has never been any dispute that heart failure is the obvious explanation of a certain number of these cases, such, for example, as Frerichs places in his first group. This is said by Schmitz to be due to fatty degeneration of the heart, but his facts are not very conclusive. Frerichs has shown that the muscular fibres of the heart in diabetes undergo a hyaline or glycogenic degeneration, in which their power of contractility is lost, and it is to this, in all probability, that we must attribute the frequency of cardiac failure. But cardiac failure will not account for the symptoms in groups two and three. It has been suggested that the phenomena are uræmic. But to such a view there are many objections. I think we might have clearer notions than we generally possess as to what we mean clinically by "uræmia;" but certainly convulsive phenomena, from muscular twitching to complete epileptiform convulsions, are its most constant and characteristic features. But coma in diabetes is only rarely preceded by convulsions, and they never constitute a prominent symptom. If by uræmia is meant accumulation of urea in the blood, the facts clearly established in many cases contradict the suggestion. If this is not what is meant by uræmia, then I should require a definition of it, and some kind of evidence in favour of the view. So far as my information goes, I know of no constituent of the urine, and, indeed, of no substance whatever, which has been shown capable of reproducing the principal phenomena of diabetic coma. This is a sufficient answer to Ebstein's suggestion that the degeneration of the renal epithelium, which he has described, leads to an accumulation in the blood of normal or pathological constituents of the urine. Frerichs has shown, too, that this degeneration of the epithelium is due to infiltration by glycogen, that it is present in all cases of diabetes, and that it is not

specially marked in those dying with coma.

The suggestion that fat embola of the lungs or nervous centres could produce these symptoms is even less worthy of occupying our time. Milky or fatty blood has been present in only a small number of cases, and in a still smaller number have any fat embola been described. Not one of the classical symptoms is dependent upon the presence of milky or fatty blood. I think Dr. Barling and I have shown that even when fat is present in large quantities, it does not always cause embola; and that there is reason to believe that what have been called embola may have been only *post mortem* thrombi, containing fat globules. Finally, even in those cases in which the embola have been described, they do not appear to have been more numerous than may be seen in cases of fracture, where they have given rise, during life, to no symptoms at all.

Then there is the view advocated by Kussmaul that the symptoms are really due to poisoning by acetone; but Salomon has found that large doses, 20 to 25 grammes, caused no inconvenience to man or animals, nor did the urine give the ferric chloride reaction. In one case this substance was given in doses of 20 grammes daily to a diabetic whose urine previously gave the ferric chloride reaction, but without any disturbance of his general condition. Salomon also collected the expired air of diabetics with characteristic odorous breaths, but failed to find any acetone in it. Similar experiments with aceto-acetic acid, the substance in the urine which is supposed to give the red coloration with ferric chloride were also equally negative, except that large doses, 40 grammes, caused acetone to appear in the urine, but in no case did the ferric chloride reaction appear; there was no frequency of respiration, no tendency to somnolency, and even the appetite remained unimpaired. These experiments are at variance in one respect with those of Quincke who found that in poisonous doses this substance caused death with marked dyspnœa.

Von Jaksch, who has worked very assiduously at the chemistry of this subject, has succeeded lately in extracting from the urine the substance giving the ferric chloride reaction, and considers that it is undoubtedly aceto-acetic acid. This is probably correct, but it is also pretty certain, from what has just been stated, that this substance is not the toxic agent to which the symptoms are due. What this substance is remains an unsolved question at present.—*Birmingham Med. Review.*

Typhoid Temperatures.—This is in entire accordance with our experience, and it has an important bearing on the treatment known as the "cold water treatment." According to the supporters of this treatment, it is apparently assumed that the only factor to be reckoned with in the disease enteric fever is the heat. The body is too hot. All the mischief arises from that. Let the heat be abstracted, and all will be well. The question ceases to be a complex question of biology, and becomes one of pure physics. Clinical experience contradicts this simple view. All the mischief does not arise from the heat. In addition to the heat, there is the individual who is affected by it, and in this respect individuals vary. One patient is restless and sleepless, with a dry tongue, and a temperature ranging between 102° and 103°, whereas another, with a higher temperature, is so slightly affected that, but for the thermometer, one would hardly know that he was ill. Take the following as an example: E. Searle, aged 23, was nurse of an enteric fever ward in the North-Western District Hospital from Nov. 17, 1882, to July 1, 1883 and from Sept. 10 to Oct. 12 last, when she complained of sore throat. From this time to the 18th she was off duty with what appeared to be an ulcerated throat. On the 19th she had so far recovered that she returned to duty, but she did not regain her appetite, and felt occasionally faint, dull, and out of spirits. In this condition she continued until November 9, when she found that she could not make her beds, had some pain in her back and stomach, aggravated by food and a troublesome cough. On the 15th she felt as if she had a severe cold, and looked dull and stupid. The case was complicated by a monthly period, which happened on the 6th; her periods were usually accompanied by pain in the stomach and back. This ceased on the 7th, and to this the patient attributed her illness. The pain in the stomach and back, however, continued. On the evening of the 16th the temperature was 102° F. On the 17th she tried to, but could not make her beds, and on the evening of this day she took to her bed. On the sixteenth day of the disease

the temperature reached 106°5 F., an alarming condition of things to most people in enteric fever; but in this case the patient was as comfortable as if there had been nothing the matter with her. This discord between patient and temperature raised doubts as to the enteric fever, doubts as to the competence of the nurse who took the temperature, and doubts as to the accuracy of the thermometer. As regards the first, the patient was nursing enteric fever at the time. She had, as far as she knew, never had the disease, and was therefore, if she had not, susceptible. She became sick along with two others, one of whom was the night-nurse of the enteric ward of which Searle was the day-nurse, and the other a house-maid who frequented the enteric ward at a time when the wards were full of acute cases, to the number of fifteen in each. There was the slow hesitating mode of commencement by sore throat, as if it were the intention of the disease to throw one off the scent, as no doubt sometimes it has done—such cases have been mistaken for scarlet fever or diphtheria—the three weeks' fever, the constipation, the eruption, and the slow recovery, all which points to enteric fever. It was certainly not any other specific fever, and there were no local disturbances to account for a non-specific fever. There was the monthly period truly, but this ceased on Nov. 7, and her illness continued. On the whole, the probability is that it was a case of enteric fever. It is difficult, if it were not, to see what else it was. The second and third doubts were determined by testing the thermometer and rectifying the observation by taking it a second time. A consideration of temperatures in this case will also show how erroneous must be the conclusions drawn from single observations at some particular morning or evening hour. Thus at 2 a.m. of the tenth day of the disease the temperature was normal; at 4 p.m. of the same day it was 104° F.; at 8 p.m. it was 100°·5 and at midnight over 104°. At 2 a.m. of the eleventh day of the disease, the temperature was slightly above normal, whereas between 2 and 6 p.m. it was about 105°. Now, supposing that in this case the temperature had been taken at 10 a.m. and 10 p.m., morning and evening hours, the gravity of the case as indicated by temperature (if gravity of case be indicated accurately by temperature) would have been missed. Even if the observer had chanced to make his observations at 8 a.m. and 6 p.m., whilst he would have hit upon the highest temperature of the twenty-four hours, the all-important fact that this high temperature was continuous from 2 to 6 p.m. would have been missed. Now, supposing it were the habit of the observer to judge of the gravity of a case by the temperature, in this case he would have under-estimated it. On the thirteenth day of the disease the temperature from 10 a.m. to 2 p.m. was about 104°, whereas in the evening hours, from five to nine (between which hours it is very common to make the evening observations), it was below normal; but at 10 p.m. was nearly 104°. Take now the fourteenth day. At 10 a.m. of this day the temperature was 104°; at noon it was normal, and one hour after it was again 104°. It will be obvious how erroneous would be conclusions drawn in cases of this sort from observations limited to some morning and evening hour. That the disease has its rise and its fall is true, but these do not correspond to the evening and the morning of the English civil day. It would have been just as reasonable to make the enteric fever day correspond with the astronomical day, or with some other civil day, say the Greek, which commences at sunrise, or the Italian, which commences at sunset. All these are artificial divisions for which enteric fever has no respect whatever. The temperature, to be of real value, should in severe cases be taken hourly, unless the patient be asleep. For the most important point is not the actual height which has been reached on a given day, but the duration of the height. The accident of a visit from a friend, or some other trifling circumstance, will raise the temperature for a short time two, three, or more degrees. It is further of great importance where nurses or relatives, who may be ignorant or untrustworthy, must be left to take temperatures, that the physician should compare the general condition of the patient with the temperature, so as to see whether the temperature and the patient agree, or whether they differ. Nurses have been found to evolve the temperatures out of their consciousness, to save themselves the trouble of taking them. The patient should, therefore, be carefully examined in order to ascertain if the thermometer be a true witness. It will be found sometimes that the patient is better than his temperature, at other times that he is worse. In other

words, it will be found sometimes that patients with high temperatures are doing well, whilst others with low temperatures are doing badly, as Dr. Delafield says, and we entirely agree with him: "Some patients would be much more affected by a temperature of 102° than others by a temperature of 105°." In some cases it is the low temperature which indicates danger, not the high. We do not mean cases in which the low temperature is due to hæmorrhage, but cases towards the latter part of the disease where there is continued restlessness and sleeplessness with a temperature about 102°. Such cases are for the most part fatal. In a word, the value of the thermometer is relative, not absolute. It teaches nothing *in itself*, except caution in too readily believing it. The temperatures, moreover, even to be of this value, must, as far as possible, be the temperatures of the whole day of twenty-four hours—not that of one or two morning and evening hours, hours which vary with the habits of every physician. The morning hour of the man who breakfasts at 5 a.m. is likely to be very different from the morning hour of the man who breakfasts at 11.—*London Medical Record.*

Dyspepsia of Weaning.—The most grave period of the growing infant is the time of weaning. The sudden or gradual transition from a uniform alimentation to a regime diametrically opposite, is a very trying time to the digestive organs. Without doubt the new dietetic principles which in general are composed of meat, albumen, starch, sugar, find already their respective ferments, such as ptyalin, pepsine and pancreatine; but, what they do not find is a stomach prepared, etc., to support an abundance of substances which are not alimentary or which are indigestible, such as tendons, aponeuroses, interstitial cellular tissue which are a tax on the digestive forces and exercise without profit the digestive fluids.

Therefore it is that at this time we have indigestions, even where there has not been excessive feeding, mucous or crapulous diarrhœas, lientery, cholera infantum; all being modifications of the same morbid type constituting gastro-intestinal dyspepsia. The indigestions are temporary, the diarrhœa often permanent, and if it carries off too much of the food principles, before their elaboration, the infant succumbs to lientery, that is, to complete apepsia, unless a more speedy calamity befalls it, such as a sudden alarming deperdition of all the intestinal liquids, including the pancreatic juice, and the bile, a complete expulsion of the gastric juices, and at the same time an exaggerated hyper-secretion which deprives the blood of its liquidity and its temperature, annihilating the circulatory forces; this is the tableau of cholera infantum. It is worthy of note that these grave perturbations are not always manifested immediately; often one, two, and even three weeks pass away without there being the least alteration in the health of the infant. Parents and the physician are encouraged; they consider weaning as successfully completed, when all at once and without any apparent cause, dyspepsia manifests itself under some one of its forms which I have indicated. Why this delay in the development of such grave accidents? We have to deal here with gradual failure of nutrition resulting from want of ability on the part of the stomach to separate from the alimentary melange offered it, the pure azotized principles, and to elaborate them by the gastric juice, which does not reach them till after having penetrated refractory membranes, themselves demanding a digestive elaboration. The provision for nutrition still exists, to wit; that albuminous liquid of the circulation which has been so well described by Voit and which is not immediately exhausted by the daily drafts made upon it, or even influenced all at once, by the kind of food ingested. But when this *reserve* is used up then commences the terrible sequel of dyspeptic symptoms. This is my explanation and this is the way I apply it to practice. To avoid loading the stomach with refractory products, I prescribe habitually raw meat suspended in broth made from lean meat, or in a soup made of dried legumes. I proscribe the usage of milk under any form whatever, at the same time I give as drink water containing some kind of alcoholic stimulant, and for these reasons; raw meat is meat deprived of all of its fibro-cellular elements; the azotized feculents are easy to digest and add *leguminose* to the action of the muscular fibrin; milk produces on the contrary, in many cases looseness of the bowels whose deplorable effect is to eliminate the alimentary principles before their

absorption; but this last function (*i. e.*, the retention of chyle till its complete elaboration) is one which should be protected above everything else, and this may be favoured by the use of some mild alcoholic stimulant such as astringent wine, or by the use of prepared chalk with or without opium.—*N. C. Med. Jnl.*

Treatment of Hæmoptysis in Early Phthisis. Dr. T. Henry Green, of the Brampton Hospital for Consumption, gives the following hints on this subject in one of his lectures published in the *Lancet*. On the treatment of the hæmoptysis of early phthisis I would offer only one or two suggestions. In the first place, remember that this form of hæmorrhage is capillary, and tends to cease spontaneously; and that although it is a serious symptom, and one that requires most careful treatment, our anxiety is not so much on account of the bleeding as of the progress of the phthisical process which is so apt to result from it. Do not be too precipitate, therefore, in the administration of drug remedies. The practice of plying the patient with large doses of gallic acid, or some other astringent, as soon as some hæmorrhage occurs, is, I believe, a bad one. The remedies often do much harm to the stomach and no good to the lung. With the first sign of hæmoptysis absolute rest in bed should be enjoined, and it should be maintained for several days, even if the bleeding is slight and does not recur. The indication next in importance is to keep the patient warm. The bedroom should be airy and well ventilated. With the object of diminishing the blood pressure in the pulmonary vessels, the lower extremities should be kept especially warm by means of hot flannel, or in some other way. The diet should be temporarily restricted to cold concentrated nutritious fluids. The amount of liquid taken should be as much as possible diminished, and hot drinks and alcohol carefully avoided. Some ice to suck relieves cough, and so helps to maintain rest. Constipation, inasmuch as it favours the bleeding, should be judiciously obviated.

Should, however, the hæmorrhage be considerable or continue, further interference is called for. Some saline aperient, which will act quickly, is now of the utmost service when the patient is not markedly prostrate. Dry cupping of the affected side is probably of use. Of internal remedies, medium doses of the mineral acids appear often to be of service. Of the more powerful astringents, gallic acid in twenty grain doses, alum in twenty grain doses, with twenty minims of dilute sulphuric acid, are the most to be relied on. Ergot is probably more useful in the arterial hæmorrhage of old phthisis.

Rules in Diagnosis of the Seat of the Exciting Cause in Bell's Paralysis:

1. If the paralysis be limited to distinct parts of one lateral half of the face, the lesion affects only individual branches of the nerve, and is outside the cranium. An apparent exception to this rule is sometimes met with in connection with lesions of the crus cerebri—paralysis of the lower half of one side of the face being clinically observed to occasionally accompany a paralysis of the motor oculi nerve on the same side as the lesion.

2. If the fauces and palate exhibit paralytic changes, the lesion is within the cranium or in the temporal bone.

3. If the sense of taste be lost in the anterior two-thirds of the lateral half of the tongue on the same side as the facial paralysis, the lesion is either within the cranium, or in the temporal bone above the origin of the chorda tympani branch.

4. If the sense of hearing is rendered very acute upon the same side as the facial paralysis, the lesion is probably within the temporal bone, and involves the ganglionic enlargement found upon the nerve in the aqueduct of Fallopius.

5. Facial paralysis dependent upon cerebral lesions is commonly associated with hemiplegia, which may be on the same side as the lesion or on the opposite side.

6. Crossed paralysis of the "facial nerve and body type" indicates a lesion of the pons Varolii posterior to the line which connects the trigeminus nerve with its fellow at their escape from the pons. (Gubler.)

7. If the lesion be situated in front of Gubler's line the facial paralysis and the hemiplegia will be on the same side.—Dr. Ranney, *N. Y. Medical Record.*

Castor Oil in Irritable Stomach.—In irritable stomach complicating constipation, Prof. DaCosta ordered, at the clinic, oleum ricini floated on ice water, and said it would be retained.—*Med. and Surg. Rep.*

Spontaneous Pneumocele Through The Base of the Xiphoid Appendix—M. Edmond Vignard reports (*Gaz. Méd. de Nantes*) the case of a man fifty-two years of age, who entered the Hospital for an obstinate bronchitis with emphysema. He was a mason by trade, and had a large reducible inguinal hernia. Two weeks after admission he made a false step on going down stairs. In the violent efforts to recover himself, he felt a sudden sharp pain in the chest above the pit of the stomach. He continued his walk for a short time, but the pain persisting he returned to bed. On examination, when the respirations were calm, there was found on the median line of the chest towards the extremity of the sternum, a very slight protuberance, spheroidal in shape, as large as a five franc piece and only a few millimetres in height. The skin was slightly stretched and showed no particular coloration. Ordinary respiratory movements did not sensibly alter the volume of the tumour. On making an effort the tumour increased to 1 cm. in height, and diminished when the effort ceased. On coughing, the elevation was sudden and more than ½ cm. above the surrounding parts.

The tumour was soft, elastic, non-fluctuating. On making an effort, if the finger is applied firmly to the tumour, a fine crepitation is perceived, similar to that of lung tissue. By pressing more strongly the tumour is completely reduced and leaves a slight depression; it is reproduced in a few moments, and if the patient coughs a clear impulse is felt. When the tumour is reduced a round orifice 3 cm. in diameter is clearly felt, with osseous borders rounded below, squarely cut above, seated in the median line 1 cm. above the point of the xiphoid appendix. It was considered to be a part of the right lung, because the pulmonary resonance was continuous towards that side and the pain radiated towards the right side.

Diet in Diarrhœa of Children.—Now, in the treatment of this patient, the first thing is a complete change of diet; let the condensed milk be abandoned, and let the child have instead cow's milk, diluted with one-third or an equal quantity of gum arabic water, gelatine water, or albumen water; when the diarrhœa is better, barley water may be used for the diluent. As I have had occasion to say to you before, to dilute cow's milk with water is one of the worst of practices in infant-feeding, for by such great reduction of the nutritive properties of the milk, a double quantity of fluid must be taken, and thus indigestion from overloading the stomach or from too frequent feeding. Let me say still further as to artificial food for infants: It is impossible to say in a given case that one, or that another, kind of food will prove best; have as admirable theories as you please in the selection and combination of ingredients; the final test is in experiment, and the experiment sometimes sets at naught the wisest, most scientific theories. Therefore, when you are directing the sort of diet an infant is to have, you are simply trying an experiment, and if the experiment is a failure don't persevere in it—do not try vainly to compel facts to correspond with your theories, but yield obedience to the facts, and try another experiment.—Theophilus Parvin, M.D., in *Arch. Pediat.*

Slop Diet.—There can be no question in the mind of any thoughtful man that diet must have a great influence upon the course of disease processes, hence it is that we note the following reply, in the *Lancet*, January 12, 1884, to one who writes to inquire more fully about slop diet:

The objects aimed at in giving slop diet may be—(1) depletion of the system by cutting off the supply of nitrogenous and combustible material; (2) the securing of rest to the digestive organs; (3) the avoidance of the ills which follow upon the taking of food upon which the digestive and assimilative organs are unable, through debility or actual disease, to exert their full function. Experience has shown that cutting off all food from healthy men causes death in about five days, and is attended with great suffering. If water alone be allowed, the suffering is very greatly lessened, and life can be prolonged for about the same number of weeks. The introduction of water entails no "work" upon the digestive or assimilative organs, and therefore it admirably fulfils the conditions of "slop diet" whenever required for any one of the three objects mentioned above. It is therefore the best "slop diet," and we believe that as such it is not sufficiently appreciated by the profession. Saline solutions stand next in order of merit, requiring no "digestion,"

and undergoing little, if any, change when passing through the assimilative organs. Saccharine solutions must rank next; they are readily absorbed, but possessing distinct nutritive value, they are not so depletive as water, and, moreover, being liable to undergo fermentation in the alimentary canal, they do not afford such complete rest to that organ. They also have the disadvantage of being less palatable than the former. Decoctions of starch require distinct "digestion" and "assimilation," possess high nutritive value, if unabsorbed are liable to fermentation, and may leave a considerable residue of undigested matter to pass along the intestines. Solutions of albumen must be placed at the bottom of the list, as requiring digestion and assimilation, and as possessing the highest nutritive value, being "tissue-forming" as well as "force-producing."—*Med. and Surg. Rep.*

THE PROLONGED USE OF JABORANDI IN BRIGHT'S DISEASE.—Dr. F. A. O'Brien, of Atlanta, Ga., sends us a communication, in which he calls attention to the beneficial action of jaborandi, given in small or moderate doses, for a long time, in the various forms of albuminuria classed under the head of Bright's disease. He has found that the drug is better borne when combined with nux vomica than if exhibited alone. In his opinion the action of jaborandi is not to be explained solely from its sialogogue and diaphoretic effects. He believes that it has a specific influence on the kidneys, permitting the tubules to relieve themselves of the inflammatory products that block up their lumina. —*N. Y. Med. Rec.*

DEVELOPMENT OF APOMORPHINE IN OLD MORPHINE SOLUTIONS.—Dr. C. E. Jennings in the *Lancet* calls attention to the importance of preparing extemporaneously solutions of the alkaloids for hypodermic medication. He shows that, in addition to the loss of morphine from the development of the penicillium, there is also a certain amount of apomorphine formed. This may account for the violent vomiting sometimes following hypodermic injection of morphine. Since the syringe is so liable to get out of order from want of use, he recommends the substitution of a small graduated pipette, which operates without a piston, the fluid being discharged by blowing into the pipette through a rubber tube.—*Phil. Med. Times.*

HAIR TONIC, RECOMMENDED BY PROF. GROSS :

℞	Tinct. Cantharidis	℥ iss.
	" Capsici	gtt xx.
	Glycerine	℥ ss.
	Aquæ cologniensis	℥ vj.

M.

FREQUENT REPETITION OF DOSES.—Frank Warner, M.D., in a very sensible article in the *Cin. Lan. and Clin.*, draws attention to the importance of the frequent repetition of doses. In the night sweats of phthisis he has found great relief from the administration of atropia 1/120 of a grain every four hours, when a much larger dose given at bed-time failed. In nocturnal incontinence of urine frequently repeated small doses of atropia will afford relief, while a single dose at bed-time would be inefficacious. For pin worms small and frequently repeated doses of aloes has been followed by complete success, rectal injection of quassia solution being only temporarily successful. The aloes is administered in half teaspoonful doses of the tincture every four hours or a proportionate dose of the solid extract in pill form, kept up for a week or ten days. By this method the worms and their eggs are destroyed and the troublesome affection is at an end.

AN ANODYNE MIXTURE WITHOUT OPIUM :

Chloroform	Part..	·100.
Ether, sulph., spts	" ..	·025.
Tinct. cannabis	" ..	·175.
Acid hydrocyanic, dil.	" ..	·030.
Ol. menth. piperit	" ..	·003.
Tinct. capsici	" ..	·003.
Alcohol, 95 per cent	" ..	·350.
Hyoscyamia		q. s.
Glycerine		ad 1.000.

Dose.—Ten to thirty minims.—*Louis. Med. News.*

SEMMOLA'S GLYCERO-TARTARIC LEMONADE :

℞	Glycerine	30 parts.
	Tartaric acid	2 "
	Water	500 "

M. To be used freely as a beverage in typhoid fever.

TO DISGUISE THE TASTE OF IODIDE OF POTASH.—M. Gérard Lagüe, (*Lyon Med.*) states that syrup of gooseberry will completely disguise the taste of iodide of potash

SALICYLIC ACID IN CYSTITIS.—Prof. Bartholow recommends salicylic acid either, by injection or internally, in large doses for cystitis. Administered by the mouth it acts after being excreted in the urine.

Dr. Henry Leffman says of potassium chlorate that the extraordinary claims made for this remedy are based upon erroneous notions of its chemical qualities. He protests against its advocacy as an oxidising agent internally. Under the temperatures and conditions met with in the human system, it is one of the most stable bodies and does not part with its oxygen or chlorine. In regard to the permanganate of potassium it is as little suited for internal administration for its oxidising qualities as the chlorate, but for an opposite reason. It is so readily decomposed that it is rendered inert very shortly after its administration. He has tested the pills made by one of the most reliable houses, and found the permanganate all decomposed. If it has any virtue it must reside in the manganese, and common sense would suggest the use of a soluble manganic salt.—*Cin. Lan. and Clin.*

Bismuth Breath.—Wm. Reisert, Ph. G., has been experimenting with bismuth in order to discover the cause of the so-called bismuth breath. Perfectly pure bismuth oxide did not produce the garlicky odour, nor did arsenious acid. Tellurium he found to be undoubtedly the offending agent. One dose of 1/125,000 of a grain of telluric oxide produced a perceptible garlicky odour in seventy-five minutes, and it lasted for thirty hours.—*Am. Drug.*

Congenital Absence of One of the Mitral Valves.—Dr. E. F. Cordell reports a case of this rare affection, all the other valves being perfect. The mitral insufficiency was diagnosticated before birth from the peculiarity of the fœtal heart sounds. The child died shortly after birth and the autopsy revealed the deformity.—*Med. News.*

Surgery.

Pott's Disease, as Illustrating the Principles of Diagnosis.—C. E. Webster, M.D., Chicago.—We make the following extracts from a paper published in a recent number of the *Chicago Medical Journal and Examiner:*

To illustrate these principles, let us consider the early recognition of Pott's Disease.

A glance at the patient may be sufficient for the provisional or snap diagnosis. You see a sickly child with an anxious expression of face, moving cautiously, seeking support from external objects, and carrying its trunk erect. Throw some object on the floor for the child to pick up. It stoops by flexing the legs, but still carries the body erect and steady, as though the spine was made of glass, and it was afraid of breaking it. The seeking of support and carefulness respecting jar or strain of spine, are the most distinctive features, and may be variously modified according to the age of the patient, the location and acuteness of the inflammation, and other circumstances of the case.

With the first glance you have recognized spinal caries, but in so serious a matter an opinion should not be given until the exact diagnosis is reached, which necessitates a history of the illness and a thorough examination. If unwilling to assume the responsibility, or unable from press of business to take the trouble, send the case to one who will, for you have before you for treatment a patient destined to live in spite of the grossest negligence, but whose future happiness and usefulness alike depend upon the care and fidelity of some one who for years shall enforce those simple rules of life, and adapt with care and accuracy the necessary appliances.

I can well assure you, gentlemen, that highway robbery were a much more honourable mode of obtaining wealth than by careless diagnosis, procrastinating measures, or insufficient treatment, to rob a child of the slight chance of reaching that normal physical development, which is a prime requisite for maintaining his physical, mental and moral symmetry.

The history of the case will vary according to the variety of the disease. It is not intended to give a classification of these varieties; therefore it will suffice to mention all the symptoms likely to occur, premising that the absence of symptoms, or the inversion of their order, does not preclude the possibility of spinal caries.

A prodromal period, or period of incubation, is to be expected. During this stage, which may date from sickness or injury, or may arise without any assignable cause, and be of several months' duration, the patient shows an indifference to his ordinary amusements and an unnatural fretfulness. He may become awkward in his movements, stumbling in his gait, or as-

sume unlikely attitudes. There may be constitutional symptoms, as loss of appetite, anæmia and a rise of temperature. There may be nervous symptoms suggestive of paralysis, as weakness, numbness, or tingling sensations in the lower extremities, with irritability of the bladder. If the disease is high in the column, gastric irritation, with a sensation of constriction of the chest. If upper cervical, difficult deglutition, choreic movements of muscles of the neck, numbness of the arms, and laryngeal cough, or a choking sensation.

Pain is one of the most unreliable of all the symptoms. It is generally located anywhere, rather than at the seat of the disease, and many patients are entirely free from it. It is thought to be caused by the irritation of the spinal nerves at the point of their exit from the foramina, and is referred to the ultimate termination of those nerves. When it occurs it may be constant, if local; intermittent, if remote from the spine; and be increased by fatigue or sudden jar. Acute pain is suggestive of a suppurative inflammation, while a dull ache is more characteristic of dry caries. The location of the pain indicates the location of the disease. If thoracic, the disease is cervical. If in the abdomen or lower part of thorax, the disease is thoracic; while, if through the thighs, the disease is lumbar.

A satisfactory history of the case having been taken, the patient is to be stripped and inspected. Flexion of the spine is avoided, and a constant effort made by the patient to support himself. He leans upon the furniture, rests his hands on his thighs, or lies across some object. His movements are constrained in order to avoid jar; he shuffles in his gait. From reflex muscular spasm there may be a partial flexure of the thighs, and a local stiffening in the portion of the spine affected. Torticollis may occur. The head may be thrown back, and the shoulders raised. The respiration may be grunting in character, with limited motion of the ribs. The first evidence of the location of the disease visible to the eye may be a slight flattening of the normal curves of the spine, with stiffening of the affected part, an indication of little value in young children when the curves are not developed. There may be a slight bulging, or a slight lateral angle in the line of the spinous processes at the diseased point, and finally, as the commencement of the deformity, there is the formation of a knuckle produced by the tilting up of the spine of the vertebra whose body is most eroded.

Follow the inspection by a physical examination to establish the diagnosis and locate the disease. Let the patient jump down from a slight elevation, as a low stool. This concussion may produce a cry of pain, a slight confusion of ideas, the child looking surprised, or even a fall. Another method of producieg the same result is to press down on the head and shoulders, producing a cry and muscular spasm. These are both rather dangerous experiments. Rubbing the back briskly with the knuckles makes the vertebral spines stand out in red spots. This may assist in detecting any displacement. Pain may be produced at the point of disease by percussion, firm pressure, compression of the chest, crowding the heads of the ribs against the diseased vertebra, a piece of ice or a thimbleful of hot water passed down the back; and, lastly, by lateral flexion of the spine, the patient lying on his face, and the body being grasped by the pelvis and shoulders. If, with the patient standing erect, the palm of the hand be placed against the suspected region, and then the spine bent in various directions, any local stiffening can be detected, the neighbouring healthy parts being felt to move. The heat of the inflammation can sometimes be detected by the hand or by the surface thermometer. There may be also slight diffuse swelling. If the patient has pain of any sort, impeded respiration, or any uncomfortable sensation, lay him across the knees, on a table, or place him in a spiral swing and make firm gentle extension or partial suspension. Observe if his symptoms are relieved. If he gives a sigh of relief and breathes freely while there is a cessation of his pain, and if the reverse of these manœuvres, by pressing the diseased bones more closely together, aggravates his symptoms, the diagnosis may be considered as fully established, and a plan of treatment adopted.

There are cases where the first symptom noticed is the knuckle of the commencing deformity, and others where paraplegia or abscess may occur without deformity. In obscure cases where the direct diagnosis is difficult, or in any case where especial ac-

curacy is desired, a table for differential diagnosis will be of service. Error in case of some of the diseases mentioned is much too common, and an occasional reference to such a table, though it be far from exhaustive, will be a valuable aid to the memory.

Theories of treatment and facts of general science can be stored in text-books; they may be held in memory, or, when needed, sought by reference, as is most convenient; but it is the duty of the student, ere he becomes a practitioner, to become at least tolerably expert in the snap diagnosis of common diseases, if not invincible in exact diagnosis.

How are these powers to be acquired? By only one process—by the study of disease; by noting the gross appearance of disease, as well as its most minute features; by clinical practice, supplemented by careful reading, and by acquiring the greatest possible proficiency in all those methods of physical exploration, without which scientific medicine would be an impossibility. Many a young graduate enters the sick-room of his first patient with trembling and abject fear. He has learned to auscultate and percuss with an instructor at his elbow, and to listen by the bedside in the hospital to an exact description of a patient's symptoms, but to interrogate and examine a patient with a view to identifying his disease and relieving his sufferings, is a thing to him as strange as were mounted horsemen to the American aborigines.

At the commencement of one's course, if he could learn the practical duties of a nurse and accustom himself to attendance on the sick, he would have done far better preliminary work than if he had mastered every department of natural science, for then the clinic would be real practice, the didactic lecture an illumination of intelligible pictures, and not a weird phantasmagoria of the unreal. While the work of pathology would become the survey of old battle-fields, the study of the historic part which is to fit him for coming victories.

In conclusion, let me quote my honoured teacher in anatomy, Dr. Oliver Wendell Holmes, who, for the eminence attained by a life of philosophical labour, sends down this clue to guide the student groping among the underbrush of routine study: "I would not undervalue the branch I teach. I recognize the incidental importance of all the subsidiary branches which form a part of the curriculum of this and other schools. Do full justice to these, or you will not, probably, do justice to your more immediately practical studies. But your hardest study must be at the bedside. To go hastily from the library of old books and the laboratory of new experiments to the bedside of disease, is imitating the presumption of those rash profligates who, as Thomas Barton says, think they can take a 'leap out of Delilah's lap into Abraham's bosom.'"—*Cincinnati Med. News.*

The Use of Collodion in Acute Orchitis and other Conditions.—Collodion is not adequately appreciated and utilized, according to Dr. Gamgee (*Birmingham Medical Review*, January, 1884). Its ready evaporation and contraction give it the dual antiphlogistic power of refrigeration and compression. In acute orchitis, for example, Dr. Gamgee knows of no plan of treatment so simple, rapid, and satisfactory as coating the cord and scrotum with layers of collodion by the aid of a camel's hair brush. The sensation is momentarily sharp, the shrinkage rapid, and so is the subsidence of the inflammatory process. To swollen parts which cannot well be bandaged, collodion is especially applicable for the compression attending its contraction.

When the nasal bones are fractured, a very effective mould for keeping them immovable, after adjusting them with the fingers, may thus be made; place over the nose a thin layer of absorbent cotton soaked in collodion; as it dries, another layer of cotton and more collodion, taking care that the application extends sufficiently on each side to give buttress-like support. The patient compares the feeling to the application of a firm bandage on the nose, and the bones consolidate effectively under the shield, which may be renewed as it cracks and peels off.—*N. Y. Med. Rec.*

Treatment of Mastoiditis.—My plan of treatment on detecting pain and tenderness over the mastoid and around the ear, is first to paint with a tolerably strong solution of nitrate of silver (gr. 40 ad. ℥ i), or I often try first the lin. Pot. Iodidi c. Sapone, having previously applied two or three leeches, if much redness and swelling, followed by fomentation; sometimes threat-

ening symptoms are entirely averted by liniment of opium and belladonna; if, however, the symptoms are not thus mitigated, of course the treatment by poultices, fomentation and opiates have to be resorted to, but I have found from considerable experience that in nine cases out of ten, those remedies are sufficient to cut short the periostitis and to check the progress of inflammation, and also prevent suppuration; avoiding thereby any necessity for incision of the periosteum, and the patient also escaping, what I take to be, a severe mode of treatment.—Chas. Warden, M.D., F.R.C.S., in *Birmingham Rev.*

Arthrotomy Followed by Septic Fever Due to Impure Catgut Ligatures.—Dr. Gerster (*N. Y. Med. Jnl.*), performed arthrotomy for a sub-coracoid dislocation of the humerus of twelve weeks' standing. The dislocation was easily reduced, but reduction could not be maintained. A piece an inch long and half-an-inch wide was excised from the inner aspect of the joint capsule, while the arm was forcibly rotated outward. A counter incision was made through the posterior part of the joint and capillary drainage established with strands of catgut. The anterior wound was closed by sutures. Six hours after the operation alarming septic fever set in. The wound was opened. Among the seven catgut ligatures applied, three were found turbid and infiltrated with and surrounded by pus. The strands of gut for drainage were replaced by a rubber drainage tube. The wound was treated openly. The case then progressed favourably. The function of the joint promised to become normal.

Tarsotomy for Obstinate Club-Foot.—M. Fochier (*Lyon Méd.*), states that when ordinary means have failed in diminishing the infirmity recourse must be had to wedge-shaped resections of the tarsus. The intervention should be very bold, generally it should take in not only the astragalus, but the cuboid, the anterior portion of the calcaneum and the entire scaphoid. The following is the process: An incision starting from the posterior border of the head of the fifth metatarsal and reaching to the posterior part of the tibio-tarsal articulation. Not to be intent on taking away the bones methodically by isolating their surfaces, but to gouge them from within outwards and extirpate them in fragments. The bones are, at this age, cartilaginous and easily attackable. A brilliant and methodic operation must not be attempted.

Abdominal Wounds.—When the abdomen has been pierced by a narrow instrument and the bowel does not protrude, the true nature of the case must be solely matter of conjecture. Perforating wounds may occur and the abdominal contents be not interfered with.

The two principal signs which must serve to guide us in these uncertain cases are tympanites and a discharge of blood by the anus. The occurrence of tympanites is unquestionably a symptom of great value. Jobert, who was the first to notice it, regards it as the most reliable of all the phenomena when there is no escape of fæces, mucus, bile or other fluid at the abdominal wound, and in this opinion the results of my personal observation fully coincide. The tympanites supervenes at various periods, sometimes almost immediately after the wound in the bowel has been received, and is then always of proportionate diagnostic value; at other times it supervenes very gradually, and in some cases, again, it does not make its appearance under twenty four, thirty or thirty six hours. However this may be it is always diffused, not circumscribed and sometimes reaches an enormous height, the belly emitting a hollow, drum-like sound on percussion, and is then always very painful.

Although tympanites is generally present in lesions of this kind, there are cases in which it is entirely absent, as, for example, when the wound in the bowel amounts to a mere puncture, in which the opening is effectually closed by the protrusion of the mucous membrane, thereby preventing all escape of gas into the peritoneal cavity.

A discharge of blood by the anus, I regard as a very valuable symptom of a wound in the bowel. It is especially valuable when it makes its appearance within a short time after the infliction of the external wound, and when it continues, more or less abundantly, for some days afterwards. As the blood is always intermixed with the contents of the bowels it seldom comes away in a pure state, but is generally of a dark colour, and of a grumous consistence.—S. D. Gross in *Med. News.*

Stretching the Spinal Cord.—Professor Hegar writing of the nervous manifestations often associated with pelvic disease in women, considers that they may be due to an affection of the lumbar cord; because they frequently begin after an unwonted strain and persist after the uterine disease is cured. Experiments on the cadaver proved that by forced flexion of the body the spinal cord could be appreciably stretched, and also by stretching the sciatic nerve, the cord is stretched. He has devised a method of stretching the cord which he has employed therapeutically with advantage. This method consists in forcibly bending the head down towards the knees, the patient seated on a firm table or laid upon the back and the legs raised, in either case the knees are to be kept straight and stiff. The amount of flexion is guaged by the degree of pain produced. He advises caution in the selection of cases in which to employ this method, as it rests upon empirical grounds solely.—*N. Y. Med. Jnl.*

Carcinoma Following Long Standing Eczema of the Nipple.—Dr. Conner had been consulted in a case where not only the nipple, but a circular area with a radius of two inches presented a florid surface with distinct granular points. The entire gland was involved by a tumour, and the axillary lymphatics were enlarged. It is a question whether this is simple eczema or a form resembling, but not true eczema. There was some retraction of the nipple in this case. This symptom does not possess the value attributed to it, anything that attacks the bundles of fibres which surround the ducts will retract the nipple.—*Cin. Lan. and Clin.*

Mr. Sampson Gamgee gives the following advice to surgical operators and dressers: "Cultivate light touching as an art; probe without thrusting, cut without bruising, separate without tearing, manipulate without mauling."

Prof. S. W. Gross has noticed that urethral strictures are very often caused by masturbation in persons who never had gonnorrhœa.—*Coll. and Clin. Rec.*

Iodoform Collodion. — Iodoform, ten parts; collodion, ninety parts. To be applied with a camel's hair brush; the wound being held shut until it dries. For wounds in exposed situations.—*Coll. and Clin. Rec.*

Midwifery.

Death of the Fœtus in Utero.—Dr. G. V. Convery made the following remarks: Under the class of a vitiated condition of the spermatic fluid it has been maintained that if such spermatic fluid has the power of producing conception, its work has been done, and thenceforward the ovum is dependent wholly upon the mother for its future sustenance and development, and that the simple fact of impregnation does away with the theory of paternal weakness. On the other hand, quoting from Cazeaux, "a vitiated spermatic fluid communicates to the new being a principle that does not fail, sooner or later, to destroy it;" and Guillemot holds it to be incontrovertibly proved that strong, healthy females, who have married men, though of a suitable age, showing signs of decrepitude and early senility, have consecutively given birth to still-born children, while the issue of second marriages of the same women have been numerous and lusty.

Passing at once to the next heading, we find that the ovum is liable to diseases which greatly compromise it, and, in some cases, may cause its death. One of these diseases is dropsy of the amnion. The normal amount of amniotic fluid is variable; but, when it exceeds three or four pints, it may be attributed to some morbid condition. This condition has been ascribed by some to a sanguineous plethora, but Dr. Mercier was of the belief that it is due to an inflammation of the amniotic membrane, and professed to have seen, in several cases, the amnion covered with false membrane. Whatever may be the morbific agent in the production of this disease, it has been noticed by many observers to occur in the subsequent pregnancies of the same woman, and to be much more frequent in twin than in single pregnancies. The immense amount of fluid in these cases (sometimes forty or fifty pints) arrests the development of the child, and it dies in its mother's womb—though occasionally it is born alive, soon to die. If death occur at an early stage of its development, it may become dissolved in the fluid, and no trace of it afterward be found; and, in later stages, the fœtus may be affected with either ascites or hydrocephalus, as we learn from the investigations of Bunsen and Kiel.

Rokitanksy states that, in certain cases, adhesions more or less extensive form between the amnion and the embryo, and that these, probably the result of inflammation, may so arrest the development of the child as to cause its death.

Beside this dropsical condition of the amnion referred to, cases are met with in which the villi of the chorion become distended with fluid, giving groups of them the appearance of gooseberries. If this dropsical condition becomes general—when all, or nearly all, the chorional villi are thus affected, the embryo dies; and in this case also may be dissolved and lost. The villi of the placenta may undergo a like degeneration, and here, after causing the death of the child, it fills the amniotic cavity, forming the blighted ovum—vesicular or hydatidiform mole—the acephalocystis racemosa of Laennec. Aside from this affection of the placenta, this organ may present functional derangements and textural lesions that imperil or cause dissolution of the product of conception. Plethora, congestion, and diminution in the rapidity of the circulation through the placenta may, if prolonged, so impede aeration of the fœtal blood as to result disastrously.

Among the textural diseases, inflammation is the most frequent; it generally affects small areas of the placenta, but does sometimes appear extensively. This inflammation generally gives rise to plastic fibrinous infiltrations, which, reddened from the colouring matter of the blood, give rise to the large, heavy, hepatized placenta, and from the plastic deposits the placenta is nodulated. In the course of time these nodules become pale or yellow; at the same time they become dense, and the placenta, with its remaining tissue, contracts and shrivels. The inflammation in this case terminates in induration and obliteration of the placental tissue, which is converted into a tough, leathery callus, resembling yellow elastic tissue.

In rarer cases the inflammation gives rise to a purulent product, causing a diffused infiltration, circumscribed globular abscesses forming in the tissue of the placenta and general suppuration supervening —phthisis placentæ. Either of these conditions will cause the death of the fœtus by cutting off its blood-supply. Instances of ossification of the placenta have been mentioned by some writers, but I have been unable to glean any data of importance concerning them. Tuberculous, encephaloid, scirrhous, and fatty degenerations of the placenta have been mentioned by as many authors; but these cases were, according to Cazeaux and Rokitansky, erroneously described as such, having been obliterations of the placental tissue after inflammation, indurated inflammatory products, or old, decolorized extravasations of blood. Placental apoplexy, though generally the result of traumatism, occasionally occurs idiopathically, and, if of frequent occurence, may result in death of the ovum. Heretofore I have used the terms fœtus and embryo interchangeably; but, from the period of quickening, the product of conception is known only as the fœtus, and, as such, it and its diseases we will now consider.

A most important morbid process, and one of rather frequent occurrence, the ætiology of which is obscure, is inflammation. Inflammation attacks almost all the organs of the fœtus, including the thymus gland and supra-renal capsules. It gives rise to plastic products with adhesions between contiguous organs, and in some cases ends in suppuration. The serous membranes are more frequently inflamed than any other tissue, and the peritonæum the most frequently of all. The inflammation of the peritonæum may originate in unknown causes or in causes that are demonstrable, such as constriction of the intestines, hæmorrhage from the liver into the peritoneal cavity, and extravasation of the contents of the intestines or bladder.

Inflammation of the brain and resulting softening, and, in some cases, complete liquefaction of the cerebral substance, are found. Endocarditis affecting the right side of the heart, and pericarditis also, occur in fœtal life, and death may ensue in the one case as a sequel to embolism, and, in the other, from interference with the heart's action. Hyperæmia and inflammation of the alimentary tract have been found, and may be accompanied by ecchymoses in the tissues and extravasations into the intestinal cavities. In the intestines, Peyer's patches are found in some cases of a "fleshy, sarcomatous" appearance, containing a grayish, curdled, floccu lent fluid. These conditions resemble greatly the induration and breaking down

of the Peyerian glands in typhoid fever, and may result, says Rokitansky, if not from an identical cause, from a very similar one. Autopsies on fœtuses have also shown a diffused croupous inflammation of the intestinal mucous membrane.

In the respiratory apparatus we may find disease; hepatization, and even abscesses have been seen in the lungs.

The liver of the fœtus is often the seat of congestion and hyperæmia, and, from the delicacy of the tissue, apoplexy and rupture occasionally occur. Infiltration into the hepatic tissue may form, giving the fatty, waxy, and lardaceous livers.

The urinary organs of the fœtus do not often become diseased, but in a few cases apoplexy of the kidney is found, and suppuration of the supra-renal capsule occurs; and, from contraction or an impervious condition of the urinary passages, the bladder has been found ruptured.

The fœtus is not only affected with these local diseases, but may suffer from the various zymoses, and may even die; and this either while the mother is coincidently affected, or independently of her. The fœtus may become affected with variola, even though the mother never had the disease; this fact is attested by Bouchut, Rokitansky, Jenner, Deneux, and others.

If malarial toxæmia is ever the cause of death, I think it might be noted as a possible cause of pre-natal death, especially in those localities where the malarial miasm is of a virulent character; for it has been proved by several observers (Stokes, Schuric, Jacquemier) that women affected with malarial toxæmia may communicate the disease to the fœtus. Finally, there is one disease which I put in this category, first, because the fœtus becomes affected with it, and, secondly, because it enables me to dodge the question as to whether it is communicated by the father or the mother; and that disease is syphilis. Of all the diseases to which humanity is heir, none compares in destructive ability with syphilis. Various is its mode of action, in fact, many if not all of the lesions of the fœtal organs may be due to the action of this poison; inflammation, abscess, and suppuration of the different organs have been ascribed to it by many authors, and monsters of arrested or perverted growth by others.—*N. Y. Med. Jnl.*

Relations of Ovulation to Menstruation.—Mr. Lawson Tait read a paper on "Relations of Ovulation to Menstruation." He gave an historical sketch of the literature of the subject since 1843, the date of the publication of Dr. Ritchie's papers, and observed that although Ritchie's discoveries had been amply and frequently confirmed, the text-books still reiterated the mistaken view that menstruation was the equivalent of the œstrus or rut, and that it was due to the ovarian excitement of the ripened follicle. He next gave a series of observations derived from his surgical practice, in which it was shown that in forty-nine observations there was evidence of the concurrence of ovulation and menstruation in nine only, whereas in forty cases the evidence was either negatively (fifteen cases) or positively (twenty-five cases) against the ovulation theory of menstruation. It was therefore impossible to maintain a theory which was controverted by nearly 82 per cent. of evidence. Mr. Tait showed a large soft œdematous myoma, without pedicle, removed successfully from a woman aged forty-three; also a specimen of abscess of right ovary.—*Birming. Rev.*

Dr. Clifford Allbutt and Specialism.—In his Gulstinian Lectures on the "Neuroses of the Viscera," Dr. Allbutt thus refers to the Gynæcologist:—A neuralgic woman seems thus to be peculiarly unfortunate. However bitter and repeated may be her visceral neuralgias, she is either told that she is hysterical, or that it is all uterus. In the first case she is comparatively fortunate, for she is only slighted; in the second case she is entangled in the net of the Gynæcologist, who finds her uterus, like her nose, is a little on one side; or again, like that organ, is running a little, or it is as flabby as her biceps, so that the unhappy viscus is impaled upon a stem, or perched upon a prop, or is painted with carbolic acid every week in the year, except during the long vacation, when the Gynæcologist is grouse-shooting, or salmon-catching, or leading the fashion in the Upper Engadine. Her mind thus fastened to a more or less nasty mystery, becomes newly apprehensive and physically introspective, and the morbid chains are rivetted more strongly than ever. Arraign the uterus, and you fix in the woman the arrow of hypochondria for life.—*Brit. Med. Journal.*

Antiseptic Measures in Obstetric Practice Carried too Far.—A correspondent of the *N. Y. Med. Record* tells of a friend, a thorough Listerite, who owns a large ranche and supplements his private practice with veterinary duties. He injects a four per cent. solution of carbolic acid into the vagina of his cows before labour is expected for several days, and also for several days after labour. Trying the same process on a favourite mare with foal, he and his syringe were kicked into an adjoining field, happily without serious injury.

New Method in Adherent Placenta.—Dr. J. Field, of Kansas City, reports that in six cases of adherent placenta he has saved the woman by pumping cold water through the umbilical cord. In one case the patient was in convulsions when the afterbirth came away.—*Med. Rec.*

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JUNE, 1884.

THE ONTARIO MEDICAL ASSOCIATION

On Wednesday and Thursday of this week, June 4th and 5th, the Ontario Medical Association will hold its fourth annual meeting in the City Hall at Hamilton.

Amongst the invited guests will be the Mayor of Hamilton. Dr. Workman, Dr. Covernton, and Dr. Macdonald, ex-Presidents of the Association, and Dr. Fenwick, of Montreal. Delegates from the New York State Medical Society have also signified their intention of being present.

In addition to the large hall for the general meeting a number of committee rooms have been obtained for the use of the various committees, where their business may be transacted quietly, and without interruption.

For the convenience of the visitors arrangements have been effected by which street cars will await the arrival of every train for the purpose of carrying the members directly from the depot to the City Hall.

Members will be supplied with neatly printed cards bearing the names of the officers of the Association—the *personnel* of the various committees, the rules of order, and as far as possible the list of papers; an attempt will be made to indicate the approximate hour at which each paper will be read. In this way the progress of business will be facilitated, and members who desire to hear or discuss a particular paper will be able to do so without loss of time or weariness of spirit.

The morning session will begin promptly at 10 o'clock, and will most probably be fully occupied by the registration of members and the receiving the reports of committees. The address of the President, Dr. Daniel Clark, will be delivered at 3 in the afternoon of Wednesday. The sessions will probably be held in the morning, afternoon and evening. It was deemed to be unadvisable to separate into sections at present; a plan similar to that successfully pursued in Toronto last year will most likely be found best adapted to the needs of the association in its present form. In this way ample time will be afforded both for the reading of papers and for the discussions upon them, and for the exhibition of specimens and cases.

We are pleased to learn that the committee of arrangements do not propose to depart from the precedent afforded at the former meetings. Beyond a warm and hearty welcome no formal and organized attempt will be made to demonstrate the pleasure experienced at the advent of so many visitors to the city.

The railways, as before, have allowed each member of the association a round trip ticket for one fare and a third. This privilege to be extended to the members of the

physician's family, and also to include any patient he may desire to show to the association. The ticket holds good until the following Monday.

We look forward to a most enjoyable meeting. The range of subjects included in the list of papers is wide, and will afford abundant opportunity for receiving and conveying instruction, for airing pet theories, or for submitting hard facts. The interchange of ideas will afford material for thought and reflection which will bear fruit in increased experiment, investigation, and comparison. At no time have the prospects of the society looked brighter, and during the course of a very vigorous existence this association has never displayed such an amount of activity and vitality as during the past few weeks.

UNIVERSITY OF TORONTO.

The following gentlemen have passed the University examinations in medicine:

Fourth Year.—J. W. Clerke, *Gold-medalist*, J. Johnston, A. F. Mackenzie, J. W. Patterson, J. Spence, S. Stewart, R. L. Stewart, J. Bray, J. S. Draper, G. A. Bingham, E. G. Knill.

Third Year.—J. H. Howell (*scholarship*), L. Carr (*scholarship*), D. Bourke, A. Broadfoot, F. W. Cane, G. H. Carveth, A. B. Knisley, C. A. Crick, D. J. Minchin, H. E. Webster, M. R. Saunders, H. N. Hoople, D. M. Staebler, H. Bascom, G. A. Cherry.

Second Year.—G. A. Peters (*scholarship*), D. R. Johnston (*scholarship*), A. W. Bigelow, J. C. Carlyle, W. P. Caven, W. J. Greig, H. J. Hamilton, J. Marty, D. McKenzie, J. W. Mustard, C. T. Hoecker, S. G. Parker, J. W. Peaker, O. Weld, H. E. R. Little, C. H. Britton, J. Macoun.

First Year.—W. D. Green, J. B. Reid (*æq. scholarship*), F. P. Bremner, H. E. Drummond, J. H. Eastwood, A. Ego, D. Johnston, M. J. Keane, J. A. McMahon, J. Olmstead. A. H. Perfect, W. O. Stewart, W. R. Walters, W. R. Watson, A. B. Eadie, A. E. McKay, A. B. Thompson, J. D. Thorburn.

CITY BOARD OF HEALTH.

There was convened on Monday, the 26th ult., at the City Hall a meeting of the newly elected Board of Health for the city. This board consists of four aldermen, Dr. Carroll, Mr. Defoe, Mr. Blevins, and Mr. Irwin, and four representatives from the citizens, Dr. Pyne, Mr. A. R. Dennison, Mr. Alan Macdougall, C.E., and Mr. Meredith. After meeting and appointing Ald. Blevins chairman they adjourned until the next morning. At the meeting on Tuesday morning, they endeavoured to arrive at the best means of carrying out the duties assigned to them by statute. They adjourned to meet again on Friday.

A DOMINION SANITARY BUREAU.

We publish in another column a letter from Dr. Playter, referring to our notice of the plan proposed for establishing a Sanitary Bureau at Ottawa. The inaccuracy of which he accuses us resulted from a careful perusal and study of the details of the plan submitted to us. Its results, however, amount to the same thing; instead of the chief officer of the Bureau holding a non-salaried office, it is the chief officer of the large and unwieldy committee who is to serve his country and his government for the honour and distinction conferred, with the exception of a small per diem allowance common to him with the other members of the committee. Dr. Playter agrees with us that his estimate of the funds requisite for the organization of the Bureau, even without the salaried chairman, was too small, and proposes to double the estimate for the ensuing year. At all events he will have a more correct idea of the cost of the experiment by that time. In regard to the probabilities of the duties of the Dominion Board, conflicting with the privileges of the Provincial Boards, Dr. Playter is silent. If the Dominion Board confines itself to those objects which come directly within the jurisdiction of the Federal au-

thority there will be sufficient work to keep the department busy without interfering with the excellent work already done by Provincial Boards. This will require some tact and some management, but it can, and should be effected. We wish Dr. Playter every success in his undertaking. The Dominion Bureau has its field of labour; but the labourers should have their work defined, and should be remunerated properly for their labour.

THE CATTLE BYRES AND THE BOARD OF HEALTH.

The suit which has been terminated by a compromise between the plaintiffs, certain citizens of the east end of the city, and Messrs. Gooderham & Worts, proprietors of the cattle byres near the mouth of the Don River, was one of considerable interest in a sanitary point of view. The Provincial Board of Health, under its able chairman, Dr. Oldright, displayed a gratifying interest in the public welfare in instituting this complaint and evinced a commendable spirit in its prosecution. At the conclusion of the case for the plaintiffs, the proceedings were stayed by a compromise in which the defendants agreed to erect settling tanks and not to drain the overflow from these into Brown's or Ashbridge's Bays, and certain other measures which are deemed sanitary improvements. Also to limit the number of cattle in the byres to 4,000 head; and by paying the costs of the suit.

A Peptone in White of Egg.—E. T. Reichert, M.D., in *Phil. Med. Times*, signifies the discovery by him of a peptone in the white of egg. This is only the third peptone ever discovered as existing as a natural constituent of a secretion—the first having been discovered in milk, and the second by Dr. Reichert and S. Weir Mitchell in the venom of various snakes.

PAPERS TO BE READ AT THE ONTARIO MEDICAL ASSOCIATION MEETING AT HAMILTON.

The following is a list of the papers to be read at Hamilton received up to the present by the Secretary.

Progressive Pernicious Anæmia, Dr. Graham, Toronto.

Prevention of Puerperal Fever, Dr. Adam Wright, Toronto.

Actinomycosis, the new infectious disease, with microscopical preparations, Dr. Duncan, Toronto.

Studies in Uterine Displacements, Dr. Turver, Parkdale.

Excision of the Tonsils, Dr. Ryerson, Toronto.

Cerebro Spinal Meningitis, Dr. Worthington, Clinton.

Case of Bilocular or Double Uterus and Vagina, Dr. Riordan, Toronto.

Management of the Third Stage of Labour, Dr. Tye, Chatham.

Case of Hodgkins Disease, Dr. Hutchinson, Brussels.

Later Antiseptics in private practice, Dr. Powell, Edgar.

Reports of cases of Ovariotomy and Strangulated Hernia, Dr. Brouse, Brockville.

Glimpses of Transatlantic Surgery, Dr. Brown, Galt.

Vaccination, Dr. Harrison, Selkirk.

Boracic Glycerine in diseases of the Ear, Dr. Rosebrugh, Toronto.

The Relations of the Public and the Medical Profession, Dr. Playter, Ottawa.

The Operative Treatment of Fluid Effusions of the Chest, Dr. Groves, Fergus.

Inversion of the Uterus, Dr. Harris, Brantford.

Case of Cancer of the Cæcum, with specimen, Dr. Griffin, Brantford.

The Use of Carbolic Acid in Purulent Affections of the Eye, Dr. Burnham, Toronto.

Case of Fracture and Dislocation of the Vertebræ, Dr. Thorburn, Toronto.

TORONTO UNIVERSITY SENATE ELECTION.

We regret exceedingly to announce that Dr. Thorburn was defeated at the recent election of the Senate of Toronto University. This diminishes the number of medical representatives by two, as Dr. Graham was one of the retiring members. This result has arisen, not from any objection to Dr. Thorburn personally, but because the Graduates in Arts so largely predominate. We fear that we may lose our medical representative entirely, unless some change is made, by which the graduates in the different departments will be allowed to elect their own representatives.

The members elected are Messrs. Louden, Coyne, and Kingsford, with whom we have no fault to find. If we had to choose from the *arts men* alone, better men could scarcely be selected.

ETHERISATION BY THE RECTUM.

While it is universally admitted that of the two great anæsthetic agents ether is by far the safer, it is no less generally admitted that chloroform is the pleasanter both to administer and to inhale. Any method then which promises to lessen the unpleasant primary effects of the safer agent, while in no way increasing the dangers of its administration, will be received by surgeons the world over with feelings of thankfulness and satisfaction.

Dr. Daniel Mollière, of Lyon, acting upon a hint derived from Dr. Axel Yversen, a surgeon of Copenhagen, has been producing profound anæsthesia in a few moments by ether injected into the rectum. In his first case the ether mixed with air was forced into the rectum by a Richardson's atomizer. In ten minutes the taste of ether was perceived in the mouth, and the breath exhaled a strong odour of the ether—the patient began to talk incoherently; a few whiffs of ether to the nostrils immediately produced profound anæsthesia. In his other cases the ether was made to boil by placing the flask containing it in a vessel of water at 50° C. The vapour was conducted into the rectum through a rubber tube connecting with the neck of the flask. The quantity of ether necessary was very small; it was estimated to be about ten grammes in one case; very small or insignificant in others. The period of excitement was suppressed, or so slight as to be scarcely noticeable. The time required to bring the patient under the influence of the ether was short, five or six minutes. There was no nausea or vomiting, and it leaves the surgeon untrammelled in operations about the face.

M. Delore, of Lyon, who also successfully tried this plan, found that a too rapid disengagement of the ether vapor gave rise to severe intestinal colic and escape of ether from the anus, his patient also was nearly asphyxiated, which he attributes to an accumulation of the ether in the intestine, which continued to be absorbed after the withdrawal of the tube, and after profound anæsthesia had been produced. He found it a difficult matter to regulate the quantity of ether absorbed.

Since the appearance of Dr. Mollière's article in the *Lyon Médical*, the New York surgeons have been making successful trials of this method. Their experience in the main corroborates that of the Lyonais surgeons. At the same time they have met with drawbacks, such as intestinal irritation and diarrhœa, which was considered the cause of death in one case. Their conclusions appear to be that it is a valuable addition to the ordinary method, but is not advisable for prolonged operations.

The method apparently possesses advantages, and may be applied in hospital cases and in private practice in most cases. It remains to be seen whether it is applicable, or rather if it will be submitted to by patients who desire anæsthesia for the extraction of teeth, a class of cases which has given rise to a large number of accidents, and which we at least always under-

take with trepidation, and would hail with devout thankfulness any method which rendered the administration of the anæsthetic swift, sure and safe.

A MALPRACTICE SUIT.

Early in May, at London, there was concluded a suit brought against a medical man, claiming damages for malpractice in the treatment of a fractured ankle. The plaintiff, a young lady, fell and sustained a dislocation of the ankle and fracture of one of the bones of the foot. The limb was treated scientifically by the application of plaster splints, and rest enjoined. This injunction was disregarded, and serious consequences resulted. The jury very properly gave a verdict for the defendant. The medical testimony was perfectly conclusive in regard to the propriety of the treatment. There appear to have been no reasonable grounds for instituting proceedings against the attending surgeon. Indeed, the plaintiff was urged on by injudicious friends in the face of advice from other medical men, who stated that the treatment had been well devised, judicious and correct.

We heartily congratulate Dr. Arnott on the successful issue of this harassing and distressful action. To a conscientious man it is ever a source of regret that his skill and judgment have been called in question, even though no shadow of reason was shown for the doubt. The annoyance, the loss of time, the personal inconvenience, and the probable loss of prestige from the mere fact of his skill being questioned, even though triumphantly vindicated, cannot be compensated for by any monetary consideration, nor yet by the satisfaction of a successful and overwhelming rebuttal of the charges.

A Toxicological Pseudonym.—Under this caption the *Louisville Medical News* in its usual forcible and happy style directs attention to the poisonous properties and the easy accessibility of the compound termed "Rough on Rats." An extract from the *Therapeutic Gazette* in which "the poison—'Rough on Rats' is simply white arsenic" is given and then the thanks of the profession are tendered "to our esteemed contemporary for thus making known its active ingredients." We agree most cordially with all that our vivacious contemporary has uttered on this subject. We also modestly take unto ourselves a modicum of the thanks generously bestowed, for in our issue of December, 1882," Dr. Zimmerman communicated the result of an analysis of this "Rough on Rats" made by Mr. Thos. Heys, in which he says he finds "it consists of white arsenic. ($As_2 O_3$) coloured with a little charcoal. The amount of arsenic is over ninety-nine per cent."

Correspondence.

To the Editors of the Canadian Practitioner:

Dear Sirs.—In the April number of the Practitioner, in referring to a plan for a Dominion Health Bureau and for the collection of disease reports or statements, which I had laid before a meeting of medical men in the Parliament House here, and which was adopted by the meeting, there was an error, arising, doubtless, from a misunderstanding of the plan, which I should be glad to correct. Absence from home and illness in my family prevented me writing in time for this month's number.

Your remarks, in reference to the plan, I thought very fair, and the error was only this: You stated in effect that, while it provided for salaries for the chairman and secretary of the advisory committee, it did not provide for a salary for the chief officer of the bureau. The plan proposed a salary of $2,000 for this chief officer, and one of $1,500 for the secretary of the committee, but no salary for the chairman of the committee. This position being honorary, with a per diem *honorarium* while on duty, the same as other members of the committee.

Further, you thought, and properly enough, the estimated cost altogether too low; but the estimation was only for a com-

mencement, the first year, and it was thought after a show of good work the appropriation would probably be doubled the next year, as in the case of the Ontario Board of Health.

Permit me to add: that, besides the Medical Members of the House, and the members appointed by Government, the chairmen of all Provincial Boards of Health, and perhaps in Provinces with no Provincial Board, the chairman of the board of the principal city, might well be *ex officio* members of the Sanitary Committee. This would make this committee large, but it need meet in full only once a year, and at Ottawa; sub, or special committees meeting as required.

In conclusion, I would state that a sort of sub-department of health, of that kind submitted in the plan, would, it is thought, be more in accord with our system of Government—more of a responsible body, than a Dominion Board, as Boards are ordinarily constituted.

By giving the above an insertion you will oblige,

Yours, truly,
EDWARD PLAYTER.

Ottawa,
1st May, 1884.

NOTES FROM THE GERMAN MEDICAL CONGRESS.—FRERICHS' FESTIVAL, ETC.

BERLIN.

By a happy coincidence the festival in honour of Frerichs and the Congress of German physicians took place at the same time in Berlin, and brought together the most celebrated clinicists of the country. There were present: Liebermeister, Nothnagel, Gerhardt, Mosler, Baumler, Quincke, Ziemssen, Leube, Jürgensen, Rühle, Huebner, and many others whose names are familiar to us. The local profession was fully represented. The Congress opened on Sunday evening, the 20th, with a social gathering in the Kaiserhof Hotel, and on Monday at 10 a.m. Prof. Frerichs, the President, opened the session with a brief sketch of the work which had been planned.

The discussion on *Pneumonia* occupied the entire morning, and attracted a great deal of interest from the "coccus" with which the disease has recently been *endowed*. Prof. Jürgensen opened the debate and remarked that this most thoroughly studied disease had now to be reinvestigated from a new standpoint since the discovery of the specific germ by Friedlander. It was a general affection, arising through infection with a special poison, the effects of which were manifested chiefly in the lungs. The fact that in at least twenty per cent. of the cases the disease arose from cold did not render this view any less tenable. Direct transmission from one person to another was possible, and he referred to a number of instances in which the contagiousness appeared evident. The dependence of the disease on meteorological conditions could be explained by the influence of these conditions on the growth of the micrococcus. The disease often hung about certain localities and dwellings like typhoid. He claimed that at Amberg the coccus had been discovered in the filling below the floor, had been cultivated, and produced the disease in an animal when inoculated with it (!) Flint, in six years, had been able to trace in two-thirds of the patients a direct or indirect connection with other cases. He referred to the affection of other organs than the lungs, in cases of pneumonia, the kidneys, the brain, the serous membranes, just as in typhoid and other specific fevers.

Dr. A. Fraenkel then gave a detailed account of the micrococcus of pneumonia, discovered by Friedlander. He concluded as follows: The coccus of pneumonia can be isolated by cultivation, and is directly transmissible to animals. The effects are somewhat variable; some of the inoculated rabbits resist the disease, others die with a severe general affection and localized regions of disease in pleura, pericardium and lungs. The encapsuled form (which was thought to be characteristic) of the coccus is not peculiar to it, but is met with in other varieties.

Dr. Friedlander then gave an account of recent experiments with blood drawn by cupping glasses from pneumonia cases. Five of the six cultures remained sterile, but the sixth was successful, and with the micrococci mice and rabbits were inoculated. The former all died with pneumonia and pleurisy, the latter remained healthy.

The discussion which followed did not bring out any new points. There was a general feeling of hesitancy about accepting the coccus as the fully established *materies*

mobi. Beautiful specimens of it were shown by Dr. Friedlander. The coccus is usually surrounded by a sort of gelatinous capsule, and in its mode of growth on sterilized gelatine it appears distinct from other forms.

Poliomyelitis and Neuritis. Professor Leyden opened an interesting discussion on these points. Sir Chas. Bell first distinguished between muscular atrophy and paralysis. The progressive muscular atrophy and the spinal paralysis of children, though at first by Duchenne and others regarded as spinal, were subsequently believed to be largely of local myopathic origin. Charcot, in a number of these cases found degeneration of the motor cells in the anterior horns and the spinal view of their origin again prevailed. Duchenne and Joffroy grouped all the atrophic paralyses together into acute and chronic divisions. In the first were placed the acute paralysis of children and the analogous process in the adult, and in the latter the progressive muscular atrophy and the progressive bulbar paralysis. Charcot believed the process to be a parenchymatous inflammation of the grey matter, and Kussmaul gave it the name of poliomyelitis. Friedreich, in his monograph upon muscular atrophy, opposed this view and regarded the process in this affection as myopathic, and in many cases, carefully investigated, the cord was found intact. But it would appear that there are different forms of progressive muscular atrophy, and Hayem and Charcot published cases in which there was undoubted affection of the grey matter. Eisenlohr, Lichtheim, Remak, and Eichorst had shown by their cases that *neuritis* could produce a clinical picture of progressive muscular atrophy. In the case of Eichorst, which ran a rapid course, the cord was intact, but the nerves were macro- and microscopically affected. Leyden had published in 1879 two cases of paralysis with atrophy resembling very much the Duchenne's paralysis, and in both the cord was unaffected, but the nerves were diseased. The clinical picture of this form of peripheral neuritis is characterized as follows:—The disease appears in a previously healthy person, attacking the extremities symmetrically, either all four or the two lower, the most distant muscles being the most affected. Usually atrophy quickly supervenes. A light, medium, and severe grade of the disease can be distinguished. In the first the electrical condition of the muscles is scarcely altered: in the severe form, the faradic excitability almost completely disappears, and only the galvanic remains, and there is extensive atrophy of the muscles. Between these there is a medium form characterized by slight loss of electrical excitability and moderate atrophy. The disturbances of sensation are at first slight, but usually there are pains, most intense, towards the periphery. Often the nerves are tender to pressure. The course of the disease varies, sometimes it is very acute, in others recovery may take place in a few weeks, or it may be protracted to months. The prognosis is much more favorable than in the acute atrophy from spinal disease. The disease appears not infrequently associated with or following upon rheumatism. When this is the case salicylate of soda appears beneficial. Rest is an important element in the treatment, and it is a great mistake to make too early attempts at movements of the muscles. When regeneration appears to have set in then the electrical treatment may be begun. Subsequently friction, massage and movements.

The Etiology of Diphtheria.—Dr. Löffler, one of Koch's assistants, gave a *resume* of the experiments which had recently been made upon the nature of the contagion of this disease. Material was obtained from thirty-two cases either immediately *post-mortem* or from the patient. There were present: first, a great number of different sorts of bacteria and micrococci; second, a group of chainlike cocci which were found at the site of loss of substance, as in the tonsils, and also in the internal organs, and third, small rods, already described by Klebs, which existed in the superficial part of the membrane; of the two last groups pure cultivations were obtained and inoculations made. With the chain-like cocci the experiments were all unsuccessful, nothing like diphtheria was produced; in rabbits a curious inflammation of the joints followed, similar to what happened with the coccus of erysipelas. The inoculations with the cultivations obtained from the small rods of the third group were unsuccessful upon mice and rats. Birds and guinea pigs often died the next day, and the rods were found at the site of inoculation but not in the inner organs. On the conjunc-

tiva the trachea and the vulva false membranes were produced by the inoculation and several animals were exhibited with well marked and thick membranous exudation in these situations. The question was not regarded as settled, but it was thought that these rods might play a certain role in the etiology of the disease.

Micro-organisms in the Intestines.—Dr. Stahl, another of Koch's assistants, has been busy determining the number of forms of micro-organisms which may occur in the fæces. So far twenty-five different sorts of lower fungi and bacteria have been found. A series of beautiful preparations of these forms was exhibited.

Papayotin.—Dr. Finkler, of Bonn, described the action of this drug in dissolving albuminous substances and of its use in diphtheria. It is a vegetable ferment obtained from South America, but not much of the pure material can be got. His preparation was obtained direct from a German chemist in the county. It is capable of dissolving 1,000 times its own weight of fibrin either in an acid, alkaline or neutral medium. He had used it with the greatest success to dissolve diphtheritic membrane, which has sometimes disappeared in a few hours after its use. A further advantage of this material will be its use in peptonized foods.

Goltz on Cerebral Localization.—The well-known Strasburg physiologist had the largest audience of the Congress, partly attracted by a desire to see one of his celebrated dogs which he had brought with him, and partly because it was hoped that a very lively discussion would follow. He went over the same ground as at the International Congress in 1881, and demonstrated to the satisfaction of all the members that destruction of the motor area in the dog did not induce permanent paralysis, but that the animal could stand, and run and perform various voluntary movements almost as well as a normal animal. But the movements were often clumsily effected. Thus an animal with extensive destruction in both frontal lobes could not gnaw a bone so well, and could not hold it down cleverly with the foot. In grasping a piece of meat held up before him, the dog would do it awkwardly as if it did not know how to estimate properly the degrees of muscular effort required. An interesting result of extensive operations on the cortex is the alteration in character of the animals. With extensive lesion of the frontal lobes they are exceedingly cross and vicious, will bite and snap at persons with whom previously they were on the best of terms. On the other hand with lesions of the posterior lobes the animals are quiet and docile even if they have previously been bad tempered. The animal exhibited had the so-called motor centres removed on both sides in October last. The next morning the brain was demonstrated and the lesions were found to be symmetrical and involved the superficial part of the organ about the cruciate sulci. The lesion was scarcely as extensive as had been expected, and in each hemisphere it is quite possible that part of the motor centre remains.

It is evident that in the dog permanent paralysis does not follow extirpation of the motor centres—this Ferrier admits—but it seems quite as evident that destruction in monkeys of the convolutions bounding the fissure of Rolando does produce a permanent paraplegia of the opposite side. It seems a pity that Prof. Goltz cannot be provided with monkeys in which to go over the experiments. I missed the exceedingly interesting discussion upon nervous dyspepsia opened by Prof. Leube.

The Frerichs' Festival.—A good custom prevails among the German universities of celebrating the twenty fifth anniversary of the academical activity of their celebrated professors. Dr. Frerichs came here from Breslau in 1859, as successor to Schonlein and has been an eminently successful teacher and worker. His former assistants met and presented an address of congratulation, and the annual dinner of the Medical Congress was dedicated to his honour. About 400 were present and a great deal of enthusiasm was manifested. Although only sixty-five, Prof. Frerichs looks much aged in the ten years which have passed since I last saw him. He still continues to hold his clinic and has a large consulting practice.

W. O.

"Boss, has you got any of those confound contartic pills?" "Yes. Do you want them plain or coated?" "Dunno. I want dem dat's whitewashed." He got 'em, and departed. There was a fine opening in the near future for a scholar of his calibre.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

March 27, 1884.

The President, Dr. Graham, in the chair. The minutes were read and confirmed. Dr. Macdonald, of Church street, was elected to membership.

Dr. Graham read a paper on a peculiar case of suppurative disease. (See CANADIAN PRACTITIONER, May, 1884, page 158.)

Dr. Nevitt thought the history pointed to chronic pyæmia. He cited a case which had been under treatment for a number of years. A great variety of treatment was used with indifferent success; the patient became emaciated; a foreign body was carefully sought for, but was not found; and the diagnosis made was of some form of spinal injury. The patient was sent to an hospital, and after a further minute and careful search a foreign body was found and extracted, and prompt recovery ensued. The abscesses in this case were in the connective tissue.

Dr. Macfarlane was disposed to agree with Dr. Nevitt, that the case was one of chronic pyæmia. In strumous cases the glands about to suppurate are indolent taking a long time to mature, while in Dr. Graham's case the abscesses formed rapidly. He thought it difficult to draw the distinguishing line between tubercle and scrofula. He spoke of a family of four children, whose parents died of consumption. Two of the children were tuberculous, and two were scrofulous. In all cases of this kind there is a cachexia, whether it attacks glands or lungs, or brain, the same cachexia exists. He was disposed to think them the same disease; but attacking different structures.

Dr. Ferguson spoke of a case which had occurred under Mr. Heath's care, where multiple abscesses occurred, and at the autopsy no cause for the pyæmia could be found, save a carious condition of the teeth.

Dr. J. F. W. Ross was inclined to regard these as mixed cases. If it were simple pyæmia there would more likely be severe or well marked rigors. There had been two or three points omitted in the post-mortem examination which might have thrown some light upon the case, especially as to the presence or absence of tubercle in the lungs, in the meninges, and in the abdomen.

Dr. McPhedran was disposed to agree with Dr. Nevitt, that the case was not scrofulous, or at least not entirely so. In regard to a remark made in the paper that syphilis is a predisposing cause of scrofula, he quoted Treves to prove it a direct cause, the first children of syphilitic parents being syphilitic, and the later children scrofulous.

Dr. Graham admitted a pyæmic condition in his patient in the later stages. The great difficulty of the diagnosis occurred in the early part of the disease, and in the intervals of comparative health. In scrofula the parts affected particularly are lymphatic glands, mucous membranes, and the joints. The mucous membrane of the ileum in this case was affected.

Dr. Cameron presented some atypical temperature charts of typhoid fever.

Dr. Cassidy had been pleased with the action of quinine as an antipyretic administered hypodermically. He made a solution of the bisulphate with hydrobromic acid. He injected ten grains of the salt, and in half an hour a second dose of ten grains. The effect upon the temperature was marked, and the reduction was more permanent than when given by the mouth.

Dr. Graham referred to a case which he had exhibited to the Society upon a previous occasion—a case of alopecia universalis. The patient is again under his care, this being the fourth time that she has lost her hair. The first time of the falling of her hair was during her first pregnancy; the other occasions were during lactation. When she ceases nursing the hair grows in. On one occasion she weaned the child at two months, and the hair immediately began to grow. At present she is nursing a seven months old child, and the hair is still absent.

The President stated that the meetings of the Society will be weekly after the general meeting in May.

April 10th.—President, Dr. Graham, in the chair, minutes read and confirmed.

A case of Dr. J. W. Lesslie's of impetigo contagiosum was exhibited. A child, four years of age, a long time ago had an eruption on the hand, beginning as a red elevation of the skin; in twenty-four hours becoming vesicular, then pustular and surrounded by a red areola; it then drys and disappears; it is more abundant on the

arms and buttocks, at the gluteo-femoral fold and about the knees.

Dr. Wright thought the case to be one of impetiginous eczema, but saw no reason for considering it contagious. He was a believer in the existence of impetigo contagiosum.

Dr. Ross had found difficulty in distinguishing between impetigo contagiosum and varicella in an epidemic.

Dr. Spencer had met with the same difficulty.

Dr. Cameron had had a case beginning as an urticaria, but which developed into varicella.

Dr. Graham presented a patient with Paget's disease of the nipple; a woman fifty-five years of age. The disease began about fourteen years ago with an eczematous appearance around the nipple, soon followed by ulceration and induration of the neighbouring glands. The nipple had ulcerated away in about a year. There was no history of syphilis; the disease has run a natural course. At present the breast has almost entirely disappeared, and there exists an ulcerated surface extending from the sternum to the axilla, measuring about eight inches in the vertical diameter. The surface discharges freely, and unless frequently dressed exhales a bad odour. The ulcerated surface is surrounded by an eczematous margin about two inches in breadth. This condition precedes the ulceration. The surface bleeds freely. The glands in the neck are enlarged. There is œdema of the right hand and arm. Severe pain is complained of in the arm and hand, especially in the thumb, fore and middle fingers.

Dr. Cameron thought that Paget's disease was an eczematous condition of the nipple, followed by duct cancer and sometimes by true scirrhus, he thought the epitheliomatous form was rare.

Dr. Adam Wright thought there was considerable confusion about what is called "Paget's Disease;" and that many cases now received that designation which did not correspond with Pagets' original description of this form of cancer. Mr. Paget described an eczema followed by the *duct cancer*, with a portion of apparently healthy tissue existing between the two.

The patient presented had more probably, in his opinion, the scirrhus of the *cuirasse* form, which was occasionally very chronic in its character.

Dr. Carson related the case of a lady who had been under his care. She was of a family with a cancerous history. She suffered from an eczema of the nipple, which, on more than one occasion had been cured but had reappeared; he asked if she was doomed to look forward to epithelioma.

Dr. Graham presented a kidney from a young man who was being treated for gonorrhœa and orchitis. A short while after entering the Hospital delirium came on followed by coma and death. The heart was slightly fatty, the lungs and liver fairly healthy. The spleen was enlarged, weighing twenty ounces and unusual in consistency and colour. The right kidney weighed four ounces and contained numerous cavities filled with sero-purulent fluid. Mulberry calculi were in some of the cavities, which were situated in the cortical and pyramidal portions of the kidney. The capsule was adherent. The left kidney was hypertrophied and congested. The right testicle and tunica vaginalis and vas deferens acutely inflamed. In the brain there was a sero-purulent fluid in the arachnoid.

Dr. J. F. W. Ross read the history of a case. (See page 161).

Dr. Cameron related the details of a case of cancer of the larynx, in which Dr. Ryerson performed tracheotomy for the relief of urgent symptoms. After the operation which had given considerable relief, there was sternal emphysema and regurgitation of fluids through the tube.

Dr. Ross had frequently seen fluids after operation regurgitate through the tube, it had occurred in a case in which he had lately operated. He thought it due partly to enlargement of the glottis and partly to dulling of sensation.

Dr. Palmer thought that when the diagnosis of cancer was made the line of treatment adopted became of interest. Of late years extirpation of the larynx was growing more common, within the past two years the number of recorded operations had risen from sixteen to eighty. As to tracheotomy whenever the function of respiration was interfered with the operation was advisable. Life being frequently prolonged and in some cases the activity of the disease suspended.

Dr. Oldright made some remarks relating to the constitution of Boards of Health and

recent legislation thereupon. He called upon the profession to support the endeavour to obtain accurate and immediate notification of infectious diseases, stating that the great objection to former methods, *i. e.*, the quasi notoriety from the postal cards used was about to be removed by the substitution of sealed letters.

Book Notices.

Weekly Health Bulletins and Maps for April and May. Issued by the Provincial Board of Health for Ontario. P. H. Bryce, M.A., M.D., Secretary.

Surgical Delusions. An abstract of the address in Surgery to the Medical Society of the State of Pennsylvania for 1884. By John B. Roberts, M.D.

Elements of Surgical Pathology, by Augustus J. Pepper, M.S., M.B., Lond., F.R.C.S., Eng. Illustrated with 81 engravings. Henry C. Lea's Son & Co., Philadelphia.

This little manual for students of medicine comprises within a very small compass the great truths of Surgical Pathology, arranged and set forth in a manner suited to the necessities of the Medical Student of to-day. That other individual, who is so generally credited with limited time at his disposal, viz., the Busy Practitioner, will also find it useful in occupying some of his few spare moments.

The Dissector's Manual. By W. Bruce-Clarke, M.A., M.B., F.R.C.S., and Charles Barrett Lockwood, F.R.C.S. Illustrated with 49 engravings. Henry C. Lea's Son & Co., Philadelphia.

The authors have been very successful in their endeavour to describe the way in which the various structures of the body can be displayed. For a full account of such structures the ordinary text-books of Descriptive Anatomy are to be consulted. The descriptions are very full and very clear. We can cordially recommend the work to students, and all those engaged in the study of the structure of the human body. The cuts are mostly new, many of them are diagrammatic, but none the less useful on that account.

Clinical Chemistry. By Charles Henry Ralfe, M.A., M.D. Cantab. Illustrated with 16 engravings. Henry C. Lea's Son & Co., Philadelphia.

This is one of the series of manuals for students of medicine, published by the well known firm of Lea's Son & Co, of Philadelphia. It deals in a concise manner in six chapters of the Organic and Inorganic Constitutents of the Animal Body, their Chemical Relations, the Blood, Chyle Lymph, Milk, Morbid Conditions of Urine, of the Digestive Secretions and Morbid Products, Calculi, the Degenerations, Dropsical Fluids and Contents of Cysts, Pus, Diseases of Bone.

The whole concludes with a very copious index. The paragraphs are headed in black-letter and catch the eye readily.

Elements of Human Physiology. By Henry Power, M.B., Lond., F.R.C.S. Illustrated with forty-seven Engravings. Philadelphia; Henry C. Lea's Son & Co., 1884; Toronto: Hart & Co.

The author's object in this little manual has been to give the student a general outline of the Physiology of Man. The work is published as part of a series of five, of which Klein's Elements of Histology, Ralfe's Clinical Chemistry, McGregor Robertson's Physical Physiology and Bell's Treatise on Comparative Physiology and Anatomy form the complementary volumes. Of the book before us, we can say that its subject matter is presented with all of Mr. Power's well-known skill and ability, as teacher and writer, and with that keen insight into the needs of the Student of Medicine begotten of his experience as an Examiner in Anatomy and Physiology at the Royal College of Surgeons. So far as our test survey of the text extended, the information imparted has been brought well down to date.

Veterinary Medicine and Surgery in Diseases and Injuries of the Horse. Compiled from Standard and Modern Authorities, and edited by F. O. Kirby. Illustrated by 4 coloured plates, and 168 wood engravings. New York: Wm. Wood & Co.

This book is the December (1883) issue of Wood's Library. It seems to be an excellent compend on the subject; and although we do not really possess the necessary technical knowledge of the subject to pronounce an authoritative opinion, we can safely say that we have perused its pages with pleasure and advantage, and doubt not that other Physicians would do likewise. The Physician is so closely identified with his horse, and therefore so deeply interested in his well being, that certainly some work of this description should be upon his shelves and frequently in his hands. The

great lacuna in the present work seems to us to be the absence of a section upon shoeing from whose ill-performance so large a part of the incapacity and suffering of the horse arises.

Estudios Clinicos de Neuropatologia. Por José Armangué y Tuset. Barcelona, 1884.

The greater portion of this work has been already published in the scientific journals of Spain, France, and Italy. They show a spirit of close observation of minute details and an intimate acquaintance with the literature of the subjects treated of, such as is common in the effete civilization of Europe, but unhappily in our young and enterprising country few have attained to such a degree of intimacy.

The article upon Meningitis Granulosa is a monument of clinical observation and serves for a display of profound erudition and acute criticism. He draws a distinction between Granular and Tubercular Meningitis. Granular tuberculosis is curable for these reasons, viz.: It is not always tubercular; although it may be tubercular it cannot be denied that tuberculosis is curable; there are material proofs from autopsies that tubercular lesions of the brain have been recovered from. He recommends the iodide of potash as the medicament most likely to be of service. The article upon Ophthalmic Megrim bears also the marks of the masterly learning and unwearied industry of the author.

Elements of Modern Chemistry. By Adolphe Wurtz (Senator), member of the Institute, etc. Second American Edition. Translated and Edited from the Fifth French Edition by William H. Greene, M.D. With one hundred and thirty-two illustrations. London and Philadelphia: J. B. Lippincott & Co., 1884.

It has been said that the characteristic of the French nation is lucidity. Nowhere than in their scientific writings is this characteristic more marked. The present work even in its English dress is a good example of the correctness of this observation of the great English critic.

The strength of argument supported by the aptitude in illustration, together with the clearness of diction, combine to afford us unmitigated pleasure in reading this small volume. In no work have we seen Berthollet's Laws or Mendelejeff's Periodic Theory more succinctly stated or more clearly set forth.

The scientific excellence of the work and its adaptability to the educational needs it was designed to meet are sufficiently indicated by the appearance of numerous editions in its native land. Since writing the above the dolorous news has come that the celebrated chemist has passed over to the majority. But a short time ago we had to deplore the loss of Dumas, and now Wurtz is no more. Light may the earth lie upon him.

Personal.

J. B. Dumas, the eminent French chemist, is dead, aged 84.

Dr. O. S. Winstanley has returned from his California trip.

Dr. Ellis was elected President of the Canadian Institute.

Prof. C. Adolphe Wurtz, the eminent chemist of Paris, is dead.

Dr. R. L. MacDonnell, of Montreal, spent a few days in Toronto in April.

Willard Parker, M.D., LL.D., died on the 25th April in his 84th year.

M.R.C.S., Eng.—H. H. Graham, M.B., Toronto, passed on the 30th April.

Dr. Covernton has assumed the duties of Chairman of the Provincial Board of Health.

Dr. W. S. Oliver, after a very short residence in Toronto, has returned to Halifax.

Dr. Wm. H. Welch, having accepted a position in the Johns Hopkins University, leaves Bellevue.

Peter Squire, of the "Companion to the British Pharmacopœia," died on April 6th, in the 86th year of his age.

Dr. J. W. Lesslie has been appointed surgeon to the Queen's Own, and Dr. Nattress assistant surgeon.

Geo. Colquhoun, M. D., of Iroquois, has been appointed Coroner for the counties of Stormont, Dundas and Glengarry.

Prof. S. D. Gross, M.D., LL.D., died in Philadelphia on the 6th of May, at the age of 84 years. His body was cremated.

The new City Board of Health is composed of Dr. Pyne, Mr. Alan Macdougall, Dr. Carroll, Mr. A. R. Denison, Mr. Meredith, Aldermen Blevins, Defoe and Irwin.

Dr. Macfarlane left for England in the *Parisian* on the 23rd ult. for a three months' trip. Dr. Fulton had engaged his passage on the same vessel but illness in his family prevented his departure.

Dr. Strange has resigned his position as surgeon to the Queen's Own Rifles, having been appointed as surgeon to the Infantry School in Toronto.

L.R.C.P.&S. Edin.—D. G. Inksetter, Ontario, and W. D. Brydone-Jack, N. B., were admitted to the double qualification in April and May.

Dr. Philip Strathy has returned from the pursuit of honours and learning in England to begin the practice of his profession in this city. He is located high up on Yonge street.

Dr. T. S. Covernton we are pleased to learn has passed the examination before the Edinburgh College of Physicians and Surgeons. He was immediately appointed resident physician to the Carlisle Hospital.

Canadians Abroad.—F. H. Sawers, M.B., Toronto, was admitted Licentiate of the Royal College of Physicians, London, on April 24th. W. G. Anglin, M.D., Kingston, was admitted M.R.C.S., Eng. on the 22nd.

Dr. McCammon, representative of Queen's College, at the Ontario Medical Council having accepted the chair of Clinical Medicine at the Royal College, tendered his resignation to the Council. He nominated as his successor Dr. V. H. Moore, of Brockville.

We regret to learn that, amongst the passengers of the ill-fated steamer *State of Florida*, was a son of Dr. Norman Bethune, of this city. Mr. Angus Bethune was 28 years of age, was educated in this city, studied for three years at Edinburgh, and was a competent physician.

Dr. Jas. B. Whitely, of Goderich, and Dr. Thomas Reeve, of Clinton, for sending a smallpox patient in a G.T.R. car from Goderich to London, were charged with committing a nuisance at common law. Dr. Reeve was acquitted on a plea of ignorance of the disease. Dr. Whitely was committed for trial.

We regret to hear of the terrible affliction that has befallen Dr. Bethune of this city. On Tuesday, May 27th, at her home on Richmond street, Mrs. Bethune died very suddenly in a fit of apoplexy. This is the second time within the month that death in its awful sudden form has visited Dr. Bethune's family.

Miscellaneous.

Even delirium tremens is now traced to a micrococcus: "the worm of the still."

I am requested to respond to the toast of the "Family Physician," and although it is always understood that one may say as little about the subject matter of the toast as he chooses, I venture to break the rule and enquire, what is a doctor, anyhow? Voltaire says: "He is one who pours drugs of which he knows little, into a body of which he knows less." Swift says: "Apollo was the god of physic and the sender of diseases. Both were originally of the same trade and still continue so." Chesterfield puts in the mouth of one of his characters this description: "The best doctor is a horse, and the best apothecary an ass." But this would be rather hard upon the druggists of Detroit and might interfere with the division of the percentage. Then comes Ovid, who says: "Time is the best doctor."

Well, when all these writers differ, who shall say what a doctor is? Is it not true, as Magendie says, that in the actual condition of medical science, the physician often plays the part of simple spectator of the sad episodes which his profession furnish him?—*Med. Age.*

Poor Nussbaum is such a cripple that he cannot walk without the aid of an assistant, and is wheeled through the hospital in an invalid's chair. He is a sufferer from hip-joint disease, has had his legs and his back broken. His pin-hole pupil and absent-minded dreamy style would seem to indicate that he was under the influence of an opiate. All in all, he is a peculiar and remarkable man. Every one about him seems to love and honour him, and his treatment of us was more than polite. As he was conducted from his wheeled chair and led upon the arms of two assistants through the wards, patients thanked and blessed him, and once or twice kissed his hand. He speaks in an absent-minded way, often repeating his words over and over, and is profuse in expressions of tenderness to all about him. He is a great admirer of Lister, whom he says has made the only grand discovery in surgery during the past decade.—*N. W. Lan.*

A man who abstains from liquor, as shown by insurance tables, at 20 years of age has a chance of living 44.2 years; at 30, 36.5 years; at 40, 28.8 years. An intemperate man's chance at 20 is 15.6 years; at 30, 13.8; at 40, 11.6.

Not the least of the qualifications for professional success are, then, good manners; but these must be genuine, and not sham. The physician should be a gentleman; I do not mean in appearance only, in outward demeanour, in the cleanliness of his linen or the cut of his clothes, but in very heart. The illustrious Thackeray, in his lecture on George the Fourth, asks, "What is it to be a gentleman? It is to have lofty aims, to lead a pure life, to keep your honour virgin, to have the esteem of your fellow citizens and the love of your fireside, to bear good fortune meekly, to suffer evil with constancy, and through evil or good to maintain truth always. Show me the happy man whose life exhibits these qualities, and him we will salute as gentleman, whatever his rank may be." High as these attainments may seem to reach, I am sure I have seen not a few of our own profession who, in the modest performance of the duties of life, have touched the standard. —*Col. & Clin. Rec.*

A man some 50 years of age, smoking a cigarette in a jaunty Scotch cap, striking pantaloons, long sandy English cut whiskers, sandy complexion, and as perfectly typical Scotch face as if he enjoyed the euphonious appelation of "Sandy." But the fancy tie, pants, and attitude bespoke in a remarkable wise the "sport." As my companion afterwards remarked, he looked as if he were going to say, "Well, boys, what are you going to take?" He removed the funny cap, and did not look so sportive. He greeted us kindly and began to look quite different. The operator had improved in our eyes. Then followed an explanation of the cases with chalk at the board, and with each step a remarkable change in his appearance, in so much that he seemed to us entirely another man. By the time he had finished examining his candidates, we concluded that Dr. R. Volkman most emphatically is not a *dude*, but a genius of rare ability, but with some eccentricities.—*N. W. Lan.*

But woe to the man who, through his own inefficiency, has lost confidence in the drugs he prescribes; these very peculiarities of his patients will unsettle his opinions, render him uncertain as to his prescriptions, and vacillating in his advice. The only justification a man can have for administering a drug to anyone is his belief in its likelihood to be of service, and any one who, from ignorance or inefficiency, has no confidence in drugs can never be at his own command, nor in possession of a clear conscience, if he prescribes them.—*Med. Ann.*

An Old Definition of the Meaning of "Doctor."—A. Cresswell Rich writes to the *British Medical Journal:* The following epigram appears at the end of the preface to "The Practice of Physic," by Lazarus Riverius. From my study at Montpelier, July 1, 1653. It is signed "W. R.":—

"*Doctors*, or *Teachers*, they of *Physick* are
(Whether by Pen they do it, or in Chair,
With lively Voyce), that teach the way to know
Man's Nature, *Health* and *Sickness*, and do show
Diseases, *Cause*, and *Cure*. But they who spend
Their Life in *Visits*, and whose Labours end
In taking *Fees*, and giving *Paper-scrowls*,
FACTORS of *Physick* are; and none but *Owls*
Do count such *Doctors*, that *no Latin* know,
From whence that *Name* did to our Language flow.
W. R., Doctor, and Factor of Physick."

—*Can. Med. and Surg. Jnl.*

The following placard hangs in a Tennessee store window:

Peppermint Ile for.
Hed ake
Bellie "
Tooth "

A disconsolate looking doctor on meeting an Hibernian friend, attributed his sorrow to the fact that he had just returned from his vacation and found his wife in bed with cerebro-spinal-meningitis. "Howly Moses!" says Pat, and fwhy didn't yees shoot the Oitalian scoundrel."—*Med. Age.*

A writer in Hygiene Pratique states that boots and shoes may be rendered waterproof by soaking them for some hours in thick soap-water. The compound forms a fatty acid with the leather.

A prominent surgeon once had a female patient in whose bladder was a calculus concreted around a hair-pin, and he remarked that the patient's misfortune was probably due to an attempt to pin up her water-fall.

Married.

Duncan—Lukes—On Wednesday, April 30, at the residence of the bride's father, Church st., Toronto, by the Rev. William Briggs, J. T. Duncan, M.B., to Alice, eldest daughter of William Lukes, Esq.

Gracey—Scott—On Wednesday, April 30, J. Archibald Gracey, M.D., Essex Centre, to Miss Abbie Soott, eldest daughter of C. Tait Scott, Esq., Wingham.

Machell—Broughall—On Wednesday, April 30th, at St. Stephen's Church, by the Lord Bishop of Ontario, Emily, eldest daughter of the Rev. A. J. Broughall, to H. T. Machell, M.D., of Toronto.

THE

CANADIAN PRACTITIONER

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TORONTO, JULY, 1884.

Original Communications.

IDIOPATHIC ANÆMIA.*

BY J. E. GRAHAM, M.D. Toronto

(Read before the Ontario Medical Association, Hamilton, June 4th and 5th, 1884.)

There are few physicians of long experience who have not had at times under observation cases of anæmia terminating fatally, in whom the true nature of the disease was not made out. As post-mortems are seldom obtained the cause of death is usually put down as obscure cancer or abscess. Dr. Addison was the first to clearly describe a general anæmia occurring without any discernible cause whatever, to which he gave the term idiopathic anæmia.

In 1872, Biermer, of Zurich, described a number of similar cases of disease to which he gave the name progressive pernicious anæmia. During the past ten years a number of observers have written on this subject, Pye Smith in England, Gusserow and Quincke, in Germany, Pepper in the United States, Howard and Osler in Canada.

During the last seven or eight years I have had under observation seven cases of this disease. In some full notes have been made, while in others owing to limited opportunities of observation, the histories are defective. They are given however, with the purpose of adding in a very slight degree to the sum of our clinical knowledge of this obscure affection. It may be stated with truth that we have not made much advance in the study of this condition since the time of Addison. It is doubtful, if there has since appeared so clear and complete an account of the disease as was given by him in his article on disease of the suprarenal capsules.

The first case I shall give was under observation for nearly a year, and great doubt was experienced throughout the whole attendance, as to the real cause of the trouble. L. M., æt. 51, farmer, first consulted me in June, 1881. He was suffering from weakness and debility; he was somewhat anæmic, but not markedly so; he complained of shortness of breath upon exertion, and of a peculiar beating in the lower and back part of the thorax. He also felt a soreness over the sternum especially on violent exercise, or riding over rough roads. He could not ride in a lumber waggon on account of this pain and soreness. He also complained of a persistently sore mouth. The mucous membrane did not present any ulceration but spots of congestion were noticed. He had frequent attacks of nausea and vomiting; there were no hæmorrhages; bowels were constipated, urine normal, temperature elevated about 100° F. His previous history was good, so far as his general health was concerned. When about twelve years of age he met with an accident, which resulted in persistent lameness of the back. He also suffered from chronic constipation.

There was no history of hereditary disease in his family.

The symptoms above described, viz., anæmia, sore throat, nausea, a constant

feeling of soreness in the region of the stomach and general weakness, continued throughout the summer. He was sometimes better and sometimes worse. His temperature was constantly elevated, varying from 99° to 101°. In the latter part of August he became much worse, and in one of his attacks he vomited what he supposed to be pus. He afterwards improved rapidly. The anæmia to a great extent disappeared, and he became much stronger. He continued in this improved condition until January, when the old symptoms returned with increased severity. During February he became rapidly weaker, and the anæmia became intense. He now vomited frequently. He complained of no pain, and when he awoke in the morning he felt as well as usual. On making any movement, however, his weakness became manifest. During February and March he had attacks of diarrhœa which weakened him very much. He could not take solid food, but took a fair amount of liquid nourishment. He suffered occasionally from bleeding of the nose and mouth. During the last week he was more or less drowsy. The stupor deepened into a comatose condition, which lasted for about twenty-four hours, and in which he died. In his wakeful intervals he tossed about in bed, restless and complaining of intense weakness and languor.

The treatment consisted in the administration of quinine, iron, phosphorus and latterly arsenic. The quinine had a decided effect in reducing the temperature. The other remedies appeared to have no effect.

Post-mortem. The examination was made nine hours after death. Pallor of the whole body greater than usual. There was moderate emaciation. On making the abdominal incision a large quantity of adipose tissue was exposed to view, which presented in the lamplight a remarkably white glistening appearance.

~~Thorax.~~—In the pericardium a small quantity of fluid was found. The heart was somewhat enlarged, and right ventricle dilated. The left ~~was~~ normal in size. The walls of the heart exhibited evidences of fatty degeneration. A very small amount of blood was found in the right ventricle; in fact there was a great decrease in the whole volume of blood. From the emptiness of the veins one might suppose that the patient had died from severe hæmorrhage.

The lungs presented a pale exsanguined appearance, ~~They were~~ otherwise healthy.

~~Abdomen.~~—The stomach was small and contracted. The mucous membrane presented a thin and atrophied appearance. No abnormal condition was found in the intestines.

The liver was normal in size, pale in appearance, and situated lower into the right side than is normally the case. The right lobe overlapped the kidney, so that the lower margin of each was on a level.

The spleen was enlarged and filled with broken down blood corpuscles.

The kidneys were somewhat larger than normal and pale in appearance. The capsules peeled off readily. A cyst of about the size of a walnut was found in each kidney. They were filled with a clear, transparent fluid.

There was extensive degeneration of the supra-renal capsules.

A cyst occupied the centre of each organ filled with opaque fluid and matter which had undergone cheesy degeneration. The walls were thin and fibrous. There was no calcification. The bladder was distended with urine.

A careful examination was made of the thoracic duct, receptaculum chyli and surrounding parts. There was a decided increase of fibrous tissue which appeared to be the result of previous inflammation in that neighbourhood. On cutting through the sternum the cancellous tissue of the bone presented a peculiar pink color. No microscopic examination of the bone marrow was made.

In the history of this case there are two or three points of interest.

1. The localized pain and tenderness in the epigastric region as well as soreness when any jarring of the body took place. These symptoms were so prominent that the diagnosis of cancer in the retro-peritoneal glands was made during life.

2. The increase of the connective tissue in the upper and posterior part of the abdomen. This condition was found by Habershon and others in Addison's disease.

3. The apparent recovery followed by relapse. This is not an uncommon event in the history of this disease.

4. The diseased condition of the supra-renal capsules. This was very marked, and was the only primary pathological condition found. In looking over the literature of this disease the condition of these organs is not mentioned in many of the cases related. In the majority of those in which mention is made of them, they were healthy. It might here be stated that there was no bronzing or other discolouration of the skin at any time noticed.

The patient, whose history follows, I had the opportunity of examining through the kindness of Dr. Aikins. As he was only seen once, the history is very imperfect:—

Case II. A. B., æt. 30, farmer, married, of medium height, was examined by me March 31st, 1883. He was active and in good health up to July, 1882. While working at the hay harvest he suffered from sore mouth. White blisters appeared over the mucous membrane which prevented him from eating. He, however, continued at work, and consequently became very weak. He lost flesh and became very pale. At the same time he suffered from epigastric pains, which were eased by his taking food. Epigastric tenderness has been present up to the present time. In the latter part of July, while at work, his arm became numb and weak. His limbs were never completely paralysed, and they recovered slowly, so that in October and November he was able to hew railway ties. He then felt much better, but not well.

At Christmas he had again paralysis of the lower extremities, from which he has partially recovered. He still totters in walking.

Present Condition.—Countenance of a pale greenish hue. No enlargement of any of the abdominal organs could be made out by physical examination. He is more or less thirsty between meals. His appetite is poor. He cannot take the lightest food without its being followed by nausea. He has no hæmorrhoids nor has there been any hæmorrhage until a few mornings ago, when his nose began to bleed without any apparent cause. Urine normal. Temperature 100½°. Pulse 84. No cardiac valvular disease could be made out.

Blood examined by Gower's hæmacytometer, 1,500,000 in the c.c.m., about 3/10 of normal number. The patient returned home, and died on the 23rd of April, a little over three weeks after we saw him.

From a letter sent by his brother we learned that he was unable to take food after his return, and sank gradually.

As no post mortem was made in this case, it might be said that cancer was present. There was, however, no evidence of it from physical examination, and the symptoms were so typical of pernicious anæmia that we may, I think, reasonably put it under that head.

The one striking feature in this history is the account of the nervous symptoms. Somewhat similar phenomena were also noticed in another case, which I will relate further on. Immerman, Biermer and Cayley relate cases in which there was temporary paralysis. It has generally been considered a secondary lesion, the result of the abnormal condition of blood. In this case, however, the paralysis occurred very early in the disease, and it is a question whether the primary lesion after all does not exist in the nervous system.

Case III., C. W. F., æt. 47, a resident of Toronto, has during most of his life been engaged in the tannery business. He came under observation July 12th, 1883. He was a patient of Dr. Aikins, and through his kindness I have been permitted to study the case.

He first noticed in the winter of 1881 that he suffered from nausea after eating. He then began to vomit. These symptoms he attributed to smoking. Shortly afterwards pallor of the face began to be marked, and it has been increasing ever since. He has never had ague or hæmorrhoids. When vomiting he noticed blood on two or three occasions, but only in very small quantity. He came under Dr. Aikins' care during the winter of 1882-83.

Urine examined February, 1883. No albumen. Specific gravity 1026.

Family history good; no cancer in any member so far as known. His father and mother lived to a good old age.

Present Condition.—Patient presents a pale yellowish flabby countenance. He is not much emaciated, but is very weak and complains of shortness of breath on the slightest exertion. He came to the office in a carriage, and it is with difficulty that he can walk from the door to the street.

The lungs were found healthy. An anæmic bruit was heard over the cardiac region.

No tumour was found in the abdominal cavity, and no tenderness existed over the epigastric region. There was no enlargement of any of the abdominal viscera. He has lately had some swelling of the feet and legs. His digestion has been improved by regular diet. Tongue pale and marked by the teeth.

Temperature 100° 3/5. Pulse 100. Blood examined by the hæmacytometer, 1,500,000 in c.c.m., or about 3/10 of the normal number. No increase in the white corpuscles. Red corpuscles irregular in shape, some caudate and some presenting projections.

Treatment.—Iron and quinine, with strict attention to diet.

During the latter part of the time patient became much worse. He had an attack of diarrhœa which lasted some weeks. He recovered, however, and in the autumn began to improve. The improvement continued during the winter, and he is now in his usual health. The patient was seen about a week ago, and seemed to be in good health. There was still, however, a slight pallor of the countenance. Had no opportunity of again counting the corpuscles.

The diagnosis is in this case clear. It could not have been malignant disease, or he would not have recovered. It might be called intense dyspepsia. This, however, would not account for the profound anæmia without emaciation, for the rise in temperature or for the œdema of the limbs. Then there was no evidence of organic disease of the liver or kidneys. Although he is now in good health there is a possibility of a relapse.

Case IV.—F. F., farmer, was seen by me in Dr. Aikins' office in autumn of 1881. About fifteen years ago he had an attack of rheumatism lasting seventeen weeks. He had otherwise been quite well up to last June. On a warm day after mowing hay he laid himself down on the grass in the shade. He caught cold and felt ill for two or three days. In August he began to feel poorly, and in September he complained of pain in the breast, shortness of breath and pallor of countenance. The latter symptom gradually increased.

Present Condition.—Patient presents a very anæmic appearance, and has lost about twelve pounds in weight. He complains of severe pains in the knees, and has constant pain over the region of the heart.

On physical examination the most noticeable signs present were pallor of body, swelling of the feet, and a loud anæmic bruit at the base of the heart; lungs normal, liver normal in size, temperature 99°, pulse 88, respiration 16. Microscopical examina-

tion of the blood; no increase in the white corpuscles but a great diminution of the red—1.580.000 in a c.c.m. They were of irregular outline; some of them elongated and others presenting projections.

The after history of this case could not be readily obtained. One letter was received some months after his return, in which he stated that he was almost well.

This was a very typical case so far as the symptoms could demonstrate.

Case V.—H. I., æt. 29, farmer, entered the hospital April 17th, 1883, under the care of Dr. Burns. The first symptom of the disease began two years ago. His digestion became impaired. His appetite was good but after his meals he suffered from pain in the stomach, which lasted for some time. This continued for a year when he became pale and was troubled with weakness and langour. The feet became œdematous and he complained of numbness in both hands and feet. His bowels were constipated. About two months ago he had what appears to have been effusion into the peritoneal cavity. He complained of tenderness over the hepatic region, and became slightly jaundiced.

Present Condition.—He presents a pale yellow colour and is extremely weak. There is rapid beating of the heart and a small rapid pulse. Tenderness over the epigastric region. No enlargement of the spleen or liver. Temperature elevated and has remained so since his admission. No sign of tumour in the abdominal cavity. Skin very dry, appetite poor. He vomits after each meal, and is unable to retain anything on his stomach. His nose bleeds frequently, and he sleeps badly. There are no enlarged glands, and there is no systolic bruit. His eyesight is much impaired. His blood was found very deficient in the red corpuscles. No increase in white corpuscles.

There is no valvular disease of the heart; kidneys, liver, and spleen healthy so far as can be made out.

The Treatment consists of milk diet with stimulants, iron and quinine.

After a few weeks he left the hospital unimproved. I learned from Dr. Black that he gradually sank, and died some weeks after he went home. No post-mortem was made.

Although this case presented many of the symptoms of pernicious anæmia there is still a doubt but that some obscure form of malignant disease was present. In the first case related, the symptoms of malignant disease were quite as marked, but none found at the autopsy.

Case VI.—Miss P., æt. 26, was referred to me by Dr. McKinnon, of Guelph, January, 1884. About six years ago patient suffered from chlorosis, and recovered under ordinary treatment. During the year 1882, she had frequent attacks of severe pain in the bowels, accompanied by vomiting. The vomiting was of a very persistent character, lasting for a week at a time. She never vomited blood. In January, 1883, she was treated locally for the uterine trouble, and was afterwards much improved, so that her parents thought she was getting well.

In June, she commenced to suffer from severe pain in the stomach, which was worse after eating. During the last few months the pain in the bowels appears to have been worse than that in the stomach.

From July to October she suffered from amennorrhœa. The "changes" returned in November and December. She has not been regular since. She lost colour during the year, but the anæmia has been more intense during the last three weeks There is no hæmorrhage of any kind.

Present Condition.—Patient is pale and anæmic. The countenance is of a greenish yellow colour; pulse, 120; respiration, 22; temperature, 100°·5; tongue, pale and not much coated; the bowels were constipated.

Blood, light coloured, not containing more than one-third the proper number of red corpuscles. They were irregular in shape.

Family history good. Since January I have been kept informed of her progress,

through the kindness of Dr. McKinnon. She became very much worse. Temperature, as shown by thermometer, was constantly elevated. She became very much emaciated, and was not able to leave her bed. She suffered from occasional attacks of diarrhœa, which weakened her very much.

She improved somewhat during March and April, but is now in *statu quo*.

Case VII.—I am indebted to Mr. David Jones for careful notes in this case.

M. L., æt. 45, farmer and hotel keeper. He was quite healthy and strong until six years ago. For many years he noticed that any excitement, or the sight of some substances, such as grease, &c., would cause nausea.

Six years ago his first serious illness began. He then complained of anorexia, languor and drowsiness; requiring a great deal of sleep. He vomited frequently and became exceedingly weak. The skin was of a yellowish colour; yellow patches appeared on the chest, and remained there until a year ago. The patches appear, last two or three weeks and disappear again. He complained of a disagreeable taste; could not take medicine. He at that time remained in bed three months, and at times could scarcely move his limbs. He then gradually recovered; but never became quite well; he was easily tired, and excitement would cause palpitation. He enjoyed fair health, however, until February, 1883, when he began to feel the same weakness and languor, together with nausea and sickness at the stomach. He was able to go about until April, when he went to bed, and remained there until the 20th of August. During most of this time he suffered from fever. The symptoms were much more severe than in the former attack. He became so weak that he could scarcely move in bed. He at one time lost the use of his right arm and the power of speech for about a day. It gradually returned. The same phenomena were repeated, and lasted two days; his face was intensely pale; he did not become much emaciated until the latter part of his illness; his teeth were covered with sordes, and his gums bled persistently; salivation was a marked symptom; he was always better in the morning, and often felt strong enough to get up. In a few hours he would feel as bad as ever. He could not eat anything, and was kept alive by nutrient enemata, chiefly beef peptonoids. His bowels were very constipated, and at one time over three weeks intervened between the motions. When at the worst he commenced drinking buttermilk, and from that time he began to improve. The colour gradually returned to his face. During this attack he did not have any discolouration of the skin as in the former one. His strength gradually returned, so that in the autumn he could walk out. During the winter he walked four or five miles every day, but always felt very tired after it. During February, 1884, the third attack commenced. The same symptoms returned, dullness, drowsiness, want of appetite, nausea. During the month he remained in the house, lying down a good part of the day. He felt feverish at times, and had frequent hæmorrhages from the gums. His teeth have a sore feeling, and he sleeps with his jaws lightly closed; he is losing somewhat in weight.

Present condition, March 24, 1884.—He is not much emaciated, and the skin presents a light yellow colour; conjunctivæ pearly white; gums very much congested and spongy; tongue moist; not coated, but pale.

Physical examination.—Pulse small, weak and easily compressible, 90 to 100; temperature, 99°. There is a loss of feeling in the ends of the fingers; he cannot feel a pin pricking him; his expression is one of weariness and anxiety.

Blood.—Examination by the hæmacytometer. The corpuscles formed into *rouleaux*, and were not irregular in outline. A

few microcytes were seen. On counting the corpuscles, found 1,600,000 in a c.c.m., a little less than a third of the ordinary number.

March 26th. Patient often loses his rest at night owing to constant spitting. He is frequently feverish, and his temperature ranges between 99° and 100°. Examined all the organs of the body. Lungs healthy. No organic or valvular murmur. Hæmic murmur heard at the base of the heart and along the large vessels. *Bruit de diable* heard over the veins of the neck.

Liver normal in size; spleen not enlarged; no enlargement of lymphatic glands; slight tenderness on pressure over the region of the spleen.

Urine normal in quantity; no albumen or sugar; no anasarca present. He has for the past two or three weeks taken arsenic in the form of Fowler's solution. It produces so much nausea that he can only take it occasionally. The drug has had no perceptible effect.

April 1st. April 1st.—Examined the blood again. Found the number of red corpuscles slightly increased 1,800,000 in a c.c.m. Patient feels very weak; constant spitting of saliva, mixed with blood.

April 17th.—Patient remains the same. He is too weak to arise from his bed; passes sleepless nights.

May 1st.—Patient in much the same condition. He cannot for days take any other form of nourishment than koumyss, which his wife prepares for him. At times he will take buttermilk; cannot take milk unless it is a little sour. I ordered for him arsenious acid in 1-50th of a grain pill, thinking that he might be able to take them better than the Fowler's solution.

May 8th.—Patient has improved somewhat since last notes were made. He has taken the pills without difficulty.

May 16th.—To-day found patient sitting up. He had been in bed since the latter part of March. He can now take eggs, brown bread, sour milk, and green vegetables, such as onions, etc. Singular to say, he cannot now take the koumyss.

May 26th.—Patient is still improving, and if the present rate of progress continues he will soon be able to drive out.

June 1st.—Patient is still improving. We counted the corpuscles; found forty-six per cent. of red, an increase of twenty per cent. over the last count. The red corpuscles exhibited irregularity of outline, and they did not form into *rouleaux*. This was not noticed at any previous examination.

The history of this case has been given somewhat in detail, as in my opinion it shows the close relationship which exists between Addison's disease and some of the forms of pernicious anæmia. The striking points in this case are—

1. The length of time the diseased condition has existed, exacerbations separated by comparatively healthy intervals. Periods of improvement have been frequently noticed in cases, but they have been neither so long nor decided as in this case.

2. The appearance of discolouration of the skin is somewhat similar to that found in Addison's disease. These discolourations have been noted in many of the recorded cases.

3. The symptoms of paralysis, which were no doubt to a certain extent produced by the abnormal condition of the blood. It must be remembered, however, that very early in the last attack numbness of the finger tips was noticed.

4. Profuse salivation, a symptom which I do not find in any of the recorded cases.

5. Another point was the hair becoming white in the first attack, and ever after remaining so. I noticed a similar loss of colour in another case, not recorded here, which presented many of the symptoms of pernicious anæmia, with some of leucocythæmia.

I will now make a brief *resumé* to show what light the seven cases recorded bear on the principal features of this obscure disease.

Causation.—It will be noticed that five of the cases were farmers, one and she a young lady, lived in the country, and another a tanner and lumberman. There is no doubt, but that the disease exists to a greater extent in some countries than others. It will also be noticed that all except one of my cases are males. It is generally stated that the majority are women. In the record I think many cases of children have been included. It must be remembered that the diet of farmers is often very monotonous; pork is often the only form of flesh used. It is a question whether the constant irritation of the nerves of the stomach by indigestible food may not produce an effect on the sympathetic system which reacts in lowering the condition of the blood.

Morbid anatomy and pathology.—In only one of the fatal cases a post-mortem was made. In it the lesions found were very similar to those found in Addison's disease. In it there was a complete absence of bronzing of skin and the symptoms were typical of pernicious anæmia as described by Biermer, etc. There is no doubt but that a number of cases have been grouped together under the head of essential or idiopathic anæmia, in which the condition of the blood has arisen from different causes. There is however, in my opinion one set of cases which closely resemble Addison's disease, and it is possible that the initial lesion may be identical. The first and last cases given are examples of this point, and it is probable that Pepper of Philadelphia was correct in classing them together.

Clinical History.—Nothing of interest is shown different from that of previously recorded cases. At least five of them present typical histories. One might have been obscure malignant disease, and the sixth might have been of similar nature to chlorosis. Coupland however classes chlorosis and idiopathic anæmia together.

As above stated the diagnosis of five of the cases given is sufficiently plain, even if one adheres to the rigid lines drawn by Dr. Pye Smith in his recent article in Guy's hospital reports.

Prognosis should be given with care. I am of opinion that there is one class of cases necessarily fatal, but that so far we are not able to diagnose them from others in whom the lesion appears to be of a temporary nature. The number of fatal cases are largely in the majority of those recorded. In 130 cases given by Pye Smith, only twenty recovered. It is remarkable, that, in a great number of cases, there are periods of improvement followed by relapses.

Treatment.—The only internal remedy which has been found of benefit is arsenic. This has usually been given in Fowler's solution, but may be administered in pills as in the last case given.

It is of great importance to administer such nourishment as can be taken up and assimilated by the system. Case VII. would have succumbed in all probability had it not been for koumyss, on which he almost entirely depended for three weeks. It might be well here to draw the attention of the profession to the value of this form of nourishment. I have used it when nothing else would be tolerated by the stomach, and I am confident that in two cases at least it was largely instrumental in saving life.

It would appear that in some form of idiopathic anæmia the disease is of a more or less self-limited character, and if the system can be sustained until the crisis is past, recovery takes place rapidly.

After all the question still remains to be solved, where is the primary lesion in pernicious anæmia? Upon this we can only theorize, as there is as yet no solid basis made out by microscopical examination. Theories are often, however, useful in directing clinical and pathological investigation into channels which lead to the ultimate goal of fact and demonstration.

From the study of my own cases, and after reading carefully the histories of most

of those recorded, I am inclined to the opinion that the primary lesion will be found in the nervous system. I am inclined to look upon pernicious anæmia as an atrophy of the blood somewhat similar in nature to progressive muscular atrophy. If there is one trophic system of nerves which governs the nutrition of the muscles and that of the skin, why may not the healthy nature of the blood depend on a similar system. It is certain that the enrichment and the elaboration of the blood takes place principally in the large viscera situated in the upper part of the abdomen, and these are frequently affected in pernicious anæmia. It is possible then that in the sympathetic system which supplies these organs, or in the spinal cord itself the primary lesion may be found.

MANAGEMENT OF THE THIRD STAGE OF LABOUR.*

GEORGE A. TYE, M.D., CHATHAM.

(Read before the Ontario Medical Association, Hamilton, June 4th and 5th, 1884.)

Mr. President and Gentlemen:—

The management of the third stage of labour is always full of interest because it is so closely connected with *post-partum* hæmorrhage.

The object of this paper is chiefly to discuss Credé's method, a method lately warmly advocated by some prominent obstetricians. Unless properly limited it may bring disappointment to the practitioner and disaster to the patient.

The third stage, like the preceding ones, is a strictly physiological process and requires no assistance so long as the conditions are normal.

When, however, the conditions are pathological, then alone is interference justifiable.

When the uterus has been for a length of time vigorously engaged in the previous stages it is naturally more or less exhausted, and before commencing the third stage requires a period of rest.

After this rest contractions occur spontaneously; at first gentle, then gradually increasing in power; each contraction separates a portion of the placenta, and simultaneously closes the sinuses, and finally expels the whole contents of the uterus. The efforts thus begun continue till all danger of hæmorrhage is past.

This is Nature's method and can never be improved by Art. During this process the accoucheur is only a watchman, keeping the hand over the uterus, to warn him should internal hæmorrhage occur, and convey to him the nature of the uterine action.

It is the practice of some to interfere:

1 By traction on the funis;

2 By external pressure from all sides towards the os.

The latter process, known as Credé's method, has been taught and practiced for the last twenty-five years or longer. These methods are both unnecessary, because the process can be accomplished without their aid; they are both wrong, because they tend to deliver the placenta prematurely; that is before sufficient contraction has set in, and therefore favour *post-partum* hæmorrhage. The method of traction on the cord being rarely practiced requires no comment.

Credé's method is taught, considerably practiced, and lately warmly advocated, and that in all cases. When Credé's plan is practiced the placenta may be separated by the combined forces of the uterine effort and external pressure. But it is frequently detached by the external pressure alone, after separating a portion of the membranes which are liable to be retained. The placenta acts as a tampon, and as a stimulus while in the uterus and is of service until Nature's *tourniquet* uterine contraction is ready.

When the conditions are abnormal, such as strong adhesions, and strong uterine efforts fail to deliver in a reasonable time, then the method of Credé is valuable and will hasten expulsion. These cases are rare.

* Read before the Ont. Med. Association June 1884

It is the practice of this method in *every* case that is unjustifiable and dangerous.

For ten years I practiced this method and had a large number of hæmorrhages. I was struck by the fact that of all the labours to which I was called and arrived late flooding had rarely occurred. Cases attended by midwives, who did not interfere, were nearly exempt. These facts caused me to abandon the method and to rely upon the natural process as already indicated, the result has been most satisfactory and convincing during the last seven years.

Dr. Garrigues, of New York, in a recent paper before the Academy of Medicine, strongly advocates Credé's method. His first statement is that it should be used in *all* cases. Amongst the advantages that he claims for it is the *prevention* of hæmorrhage, but proof of this assertion is not in the paper.

In the discussion that followed Mundé speaks of Credé's method as a very excellent one, and free from danger when carried out aright, but qualifies it thus:—"When carried too far it might cause too rapid expulsion and favour inertia." He still further modifies it by saying, "The placenta should not be expressed until it is detached, but the uterus should be made to contract by manipulation and separate it, then it could be expressed." This statement is true and sound practice, but it is not Credé's method. When the placenta is once detached it is a foreign body and may be safely expressed, even traction on the cord may be admissible.

Dr. Isaac C. Taylor said that he looked upon everything connected with childbirth as physiological and not a pathological process, and thought we should not interfere with this process. Nature's method was to wait twenty minutes or even an hour. She was fatigued and needed rest. We should not compel her at once to renew her efforts to deliver the placenta. Medical opinion abroad is not now so favourable as formerly. Hofmeyer in a report on Obstetrics and Gynæcology in Germany, says:—"It is unquestionable that a certain reaction has set in against the method of the immediate expression of the placenta after labour introduced by Credé twenty or thirty years ago. As long as twelve or eighteen months ago various voices have been raised, Runge, Dohrn, Schultze, and others, calling attention to the disadvantages of an over hasty expression of the placenta, so that Credé himself has been inclined to again carefully limit the procedure introduced by him. Quite recently the manifold dangers of this method have been very minutely exposed by Ahfield, chiefly to the liability of secondary hæmorrhage and the retention of membranes. At the meeting of German Physicians at Freyburgh, I had the opportunity of hearing Hegar and Freund prefer an almost absolute expectancy to Credé's method."

When uterine inertia exists not due to fatigue, ergot is our most reliable stimulant, in addition to external manipulation. Sometimes the contractions produced by its use are irregular—a portion being contracted, another quite lax, so that the placenta becomes partially or completely encysted, and is not liberated until the influence of the ergot has passed away, or the hand has been introduced to remove it. As a rule, it is best to abstain from its use until the uterus is emptied, then a full dose may be administered to keep up contraction, the hand in the meantime being retained until its effects are manifest, the patient can then be left in safety, and much done to prevent puerperal fever.

Selections: Medicine.

How to Secure Good Dental Organs, Prevent their Decay, etc., H. E. Dennett, D.D.S., Boston.—In the discharge of their duties, the physician and dentist are daily asked, "What must I do to prevent my teeth from decaying?" The answer to this should be, "Correct your diet." That is, eat such food, and only such, as contains all its natural elements. If we eat all the

products of grain, we must eat them with all their elements as furnished by nature. If we eat meat, we must also eat bones, or our systems will suffer from a violation of one of nature's unerring laws. It is conceded that dental decay is the dissolving away of the lime salts by vitiated secretions. This is not due so much to a want of cleanliness of the mouth as is commonly supposed, for it is not true that "a clean tooth never decays." One may devote twelve hours out of the twenty-four to the ablution of the mouth, and fail to prevent decay of the teeth, so long as nature's dietetic laws are violated. Acid will dissolve lime whenever the two meet. Acid saliva may be expected to follow an excessive use of acids, or of those elements capable of producing acid, or from a deficiency of the opposite elements. Dental development in man is discernible as early as the seventh week of intra-uterine life; hence the importance of a strictly correct diet from the first, if mothers desire to give birth to children who may have perfect teeth, and perfect health includes perfect teeth, for the teeth are little indicators that denote by their condition that of the whole system, just as a thermometer indicates thermal changes. A mother who passes through the period of gestation and lactation without a sufficient amount of bone and tooth element in her food will suffer from decay of the teeth, neuralgia, rheumatism and other diseases that result from an impoverished state of the system. The lime from her teeth will be dissolved, taken into the circulation and appropriated by the offspring. Excepting civilized man, all flesh-eating animals take as much of the bone with the flesh they eat as they can break with their teeth sufficiently fine to swallow, and all have good dental organs. Place before a tribe of Indians everything the earth produces in the shape of food and they will eat only animal food, so long as it lasts; but put them on a reservation and feed them as civilized people feed themselves, and decay of the teeth is sure to follow. Take from any carnivorous animals their supply of bone which they get with the meat, and dental decay is the inevitable result. Several years ago the lions in the Zoological Gardens of London were fed upon the thighs of horses. These being large, they were unable to break and eat them. As a consequence their young were born with cleft palates, and died shortly after birth. Subsequently they were fed upon deer and other small animals, and their young were born with perfectly formed palates and lived. Veterinary surgeons have long known that certain diseases of their dumb patients can only be successfully treated by feeding to them bone meal. A dam, too aristocratic to gnaw bones, gave birth to successive litters of rickety pups; but after eating food that contained a liberal percentage of bone meal, she produced perfectly healthy ones by the same sire.

Arguments in favour of eating bone to prevent the decay of the teeth, as well as to cure a long catalogue of bone and kindred diseases, might be continued indefinitely; but, as "a word to the wise is sufficient," it seems only necessary to add that as a long and continued experiment has been made upon a family, with results that justify all claims as to its beneficial effects. The bones used were selected from perfectly healthy animals, carefully cured without being allowed to pass through any perceptible chemical changes, finely granulated and incorporated into soups, gravies, bread, etc., in the proportion of from one to three spoonfuls of the meal to each pint of flour, gravy or soup. The relative proportion of nutritive elements in one hundred parts of different kinds of animal food have been found as follows: Beef, 26; mutton, 29; chicken, 27; pork, 24; brain, 20; blood, 21; codfish, 21; white of egg, 14; milk, 7; bone, 51.—*Med. Annals.*

THE EYE-DISTURBANCES IN TABES DORSALIS.—Dr. L. Schmeichler, of Vienna, has lately written an interesting paper on this subject. The following leading points are abstracted from it. The clinical material upon which the paper is based was derived from the eye clinic and a hospital department partly devoted to nervous disorders; also from the Home for Incurables. As the eye-symptoms of tabes are generally initial, the cases were, therefore, studied in the inception, in the progress, and in the decline of the disease. The eye-symptoms may be divided into—1, those of the optic nerve; 2, those of the pupil; 3, those of the eye muscles.

1. Disease of the optic nerve. Atrophy is a frequent and early symptom of tabes; hence the importance, in case of atrophy, of testing the tendon reflex, etc. Schmeichler has never seen a commencing optic

nerve atrophy where the spinal sclerosis was fully developed, and estimates from his own experience and that of others that forty per cent. of cases of incipient optic nerve atrophy may be traced to tabes. Both eyes are affected at the same time, but often in different degrees. The only essential ophthalmoscopic appearance is the discolouration of the papillæ; this is the first symptom of the atrophic process, but as the disease advances vessel-changes are apparent. The apparent calibre of a vein on the papillæ may enlarge to double the normal size, retain the enlargement for some distance from the disc, and then gradually narrow to the normal calibre. This is independent of anything like papillitis. One cannot tell from the ophthalmoscopic appearances whether the visual acuteness is much decreased or not; papillæ which apparently are exactly similar are associated with very varied amounts of sight. The characteristic field of vision is the one with concentric limitation. 2. The pupillary changes in tabes are (*a*) reflex iridoplegia, or lack of pupillary reaction to light; (*b*) total iridoplegia, or absence of the reaction on convergence, the accommodation being intact; (*c*) myosis, or contracted pupil; with atropia it may be widened to four or five millimetres' diameter, and rapidly contracts again under pilocarpine: the pupil dilated with atropine, if left to itself, requires a long time (four to five weeks) to reach the same size it possessed before the use of the mydriatic; (*d*) inequality of the pupils, a striking symptom, but not so characteristic as those previously mentioned. 3. Changes in the innervation of the ocular muscles. This results in paresis of one or several of the muscles. It generally occurs very early in the disease,—sometimes precedes every other symptom by many years. A clinical illustration of this is given. The paresis generally comes on gradually; may remain constant, or after several months disappear entirely, in some cases reappearing after several years.—*Phil. Medical Times.*

Diarrhœa in Children.—Dr. Lees, in his paper, called attention to a class of cases, not very uncommon in children, in which the main symptom was an irresistible impulse to defæcation experienced almost immediately after food had been taken. Colic-pain might or might not be present; but there was no sensation of weight at the epigastrium, heartburn, flatulence, or other symptom of dyspepsia. The motions were usually semi-solid, not often watery or slimy, and frequently contained undigested food. Usually, a motion was passed almost immediately after every meal, and perhaps once or twice more during the twenty-four hours. Dr. Lees pointed out that these symptoms were evidently due to a hyperperistalsis of the alimentary canal without increase of secretion, the two factors of ordinary diarrhœa being here disassociated. Such increase of peristalsis was probably due to irritation of the vagus nerve, which supplied the excitor fibres to the intestine, the splanchnics conveying the inhibitory fibres. The proximity of the nucleus of the vagus to that of the trigeminus in the medulla indicated the possibility that this increased excitability of the intestine might in part be due to dental irritation, the cases in question usually occurring during the period of the second dentition. Believing in the purely neurotic origin of the symptoms, Dr. Lees had treated several cases with bromide of potassium simply, without opium or any astringent, and had obtained immediate success, even in cases which had persisted for several months. The diarrhœa was usually arrested in a few days, and occasionally the children became so costive that the medicine had to be discontinued. Four cases were narrated, also a similar case occurring in an adult, in all of which speedy relief was given by bromide. In conclusion, it was remarked that individuals who suffered from these symptoms were often of a markedly neurotic temperament, timid, and easily frightened.—*Brit. Med. Journal.*

Ammonia Treatment of Typhoid Fever.—Dr. T. K. Jackson of Norfolk, Virginia, in a paper presented to the section on Practice of Medicine, at the recent meeting of the Am. Med. Association (*Md. Med. Jnl.*) advocates ammonia in the treatment of typhoid fever. He says the nitrate of ammonia is the most sedative salt, and the carbonate, the most stimulating of the Materia Medica. The nitrate of ammonia is capable of reducing the typhoid fever heat to 102° F. and of keeping it there. Ten or twelve grains of the salt every two hours are sufficient for this purpose. If diarrhœa super-

venes the acetate is substituted and lead and opium administered. If nervous symptoms show themselves with a failure of the vital powers the carbonate in conjunction with the potassium chlorate is resorted to. But if coma develops the effect is magical of five grains every two hours of the hydrochlorate of ammonia. Delirium never fails to become quieted in a few hours after the free administration of ammonia. Wandering sometimes occurs if the dose is too small or the intervals between are too long.

New Test for Strychnine.—The Russian chemist, R. Mandelin, proposes a solution of one part of vanadate of ammonia in 100 parts of sulphuric acid as a valuable reagent for detecting strychnine. He says that a trace of this alkaloid on being brought into contact with a few drops of this new reagent upon a watch glass, causes a momentary but splendid blue colouration, which changes very rapidly into violet and vermilion.

In his experiments he has found that the blue colour is evident with one-thousandth part of a milligramme of strychnine. If so, the reagent in question possesses a very great degree of sensitiveness.

The author has also found that this reagent is very stable. It is prepared by the trituration of colourless vanadate of ammonia with pure sulphuric acid (mono-hydrated). On account of the colourless state of the ingredients composing this reagent, it will probably supersede the ordinary chromic acid test, if the results we have just described be confirmed, of which we have little doubt.—*Monthly Mag.*

Discoveries in Epidermal Scales taken from Scarlet Fever patients during the period of Desquamation.—Pincus (Berlin) found in fragments of removed epidermal tissue micrococci of the smallest size, which he considers pathogenetic. The existence of a great number of fine, point-like bodies upon epidermal cells demonstrated to his mind that the morbid process begins in one of the upper layers, as the under surface of the scale, which is subsequently shed, shows that it represents, at an advanced stage of the process, the zone of active irritation, and that this active irritation is somewhat suddenly interrupted when the scale is removed, and the process is to be taken up by the next stratum. The author's conclusions in respect to this matter are that disinfective treatment of the skin is appropriate. *Arch. of Pediatrics.*

Cutaneous Phenomena in Connection with Chorea in Children (Ollivier) :—Two cases are detailed in which the phenomena in question were seen. In one case there was a polymorphous erythema, in the other an urticaria. With the first eruption there developed simultaneously a cardiac lesion and articular pains, with the other the articular pains only. The recurrences seemed to the author sufficiently rare to merit attention, especially as he found no record of similar cases. He also takes occasion to say that chorea may be preceded or accompanied by simple, papular, or nodose erythema, by urticaria, and probably by purpura. He agrees with GermainSée and Roger in believing that chorea, and the cardiac affections which accompany it, are of a rheumatic nature; also stating that it is probable that the cutaneous phenomena in such cases are of similar origin.—*Arch. of Pediatrics.*

Hæmostatic Transfusion. — Professor Hayem has found as the results of his studies that stagnant or slowly moving blood is rendered more coagulable by the intravenous injection of certain substances, especially of blood serum. He applies this discovery to the treatment of severe hæmorrhage or in aneurism. Normal blood acts as an hæmostatic but defibrinated blood, artificial serum or distilled water are more active but less so than blood serum. Blood serum from an animal may cause serious consequences if injected into the human body—a variety of coagulation taking place, called by Hayem coagulation by precipitation. By it the circulating blood is immediately filled with thousands of concretions which are arrested in the smaller vessels producing numerous hæmorrhagic infarcts.—*Med. Rec.*

Dr. Clevenger, of Chicago, makes the suggestion that the abrasions requiring protection, by cauterization or otherwise, before conducting a *post-mortem* examination, may be discovered by holding the hands over strong aqua ammonia. The smarting will generally reveal abrasions so minute as to escape detection otherwise.—*Medical Age.*

Santonine Pills.—Dr. Von Puchy, of Feldsberg, recommends these pills made up with castor oil, soap and powdered marshmallow root, and coated with a solution of one part white pine resin, ten parts each of balsam of tolu, and of spirits of wine, and 100 parts of ether. This compound remains unchanged till it reaches the alkaline and biliary secretion in the intestines and so allows the drug to come in contact with the ascarides.—*Monthly Mag. of Pharm.*

Hepatic Colic.—M. Paul finds nothing more satisfactory in the treatment of biliary colic than the pills of Belloste (Mercury, Aloes and Scammony) associated with Carlsbad water.

M. Blondeau extols the following pill:—

R Ext. Hyoscyami	.01.	grs. ⅛	M.
Ext. Nucis vom	.01.	grs. ⅛	
Podophyllin	.01½.	grs. ¼	
Sapo durus	.05.	grs. i.	

One to three pills a day.—*Le Prog. Méd.*

The McDade Treatment of Syphilis.—The experience of Dr. Glenn, as related to the Medical Society of Tennesee (*Nash. Jnl. of Med. and Surg.*) of this method of treatment affirms it to be a complete failure. Other members of the Society participated in this opinion. Surg. John Godfrey of the Marine Hospital Service (*Therapeutic Gaz.*) gives a condensed report of five cases treated by McDade's formula without improvement, or such a slight amount as not to justify continuance of the treatment.

Beck's Expectorant Mixture:

R Hydrochlorate of apomorphine	0.10 centigr.		1½ grs.
Dilute hydrochloric acid	1.70	"	30
Simple syrup	50 grmmes		℥ ii
Distilled Water	200	"	℥ vi

℔

Dose.—For an adult, one tablespoonful; for a child, one teaspoonful, every two or three hours.—*Jour. de Méd. de Paris.*

Pain on Percussion in Hepatic Cancer.—Dr. Geo. Drury states (*N. Y. Med. Jnl.*), that in cases of hepatic cancer, where the liver is not enlarged and is concealed under the costal arch, the persistent tenderness of the liver induced by percussion of the hepatic region, where there is absence of any cause of an existing cachexia becomes a highly diagnostic sign.

Surgery.

HOSPITAL ANTISEPTIC SURGERY.

BY GEORGE R. FOWLER, M.D., BROOKLYN,

Surgeon to St. Mary's General Hospital.

In every ward of our hospital there are large stock bottles of a five per cent. solution of carbolic acid. Tin basins, towels, and soap are disposed conveniently about, and no orderly would think of bringing anything else but the solution of carbolic acid, diluted with water one half, for the surgeon to wash his hands as he enters and leaves the ward.

It is required of internes that they shall not have visited the mortuary department, nor have handled any gangrenous ulcer, etc., upon the day that they are to assist at an operation. Prior to taking part in the operation they are required to most thoroughly disinfect themselves with soap and a two-and-a-half-per-cent. solution of carbolic acid. After this their hands and arms are dipped in a solution of corrosive sublimate of the strength of one to one thousand.

Besides the ordinary preparation that patients undergo prior to operation, they are here thoroughly washed in carbolized water and soap for some distance beyond the point of operation; if, for instance, it is a foot to be operated upon, the entire leg takes part in the ablution. This is done in the ward, and towels, wrung out of the sublimate solution, are wrapped about the parts until the operation is about to begin. The patient being brought to the operating theatre, the rubber sheet covering the table is sponged off with the sublimate solution; the surrounding parts, as well as the site of operation, are again drenched with the same. Towels, wrung out of sublimate solution, are folded in convenient shapes and so disposed about the field of operation as to thoroughly isolate it from the rest of the surroundings.

Although corrosive sublimate is the favourite antiseptic with us, yet among the few objections to its use may be mentioned its blackening effect upon bright instruments. For this reason we still adhere to the use of a two-and-a-half-per-cent. solution of carbolic acid as a germicide bath for the instruments. These latter are conveniently arranged in square, shallow tin pans, in the bottom of which are placed folded towels;

just before the operator is ready to proceed, the solution is poured upon them.

As we rarely use the spray in the hospital at the present time, the subject of irrigation becomes one of great importance, for we feel that some efficient method must be adopted to prevent the permanent lodgment in the tissues of floating matter from the atmosphere. We know of no method next to the spray, of accomplishing this object with a fair degree of certainty except by means of irrigation, and by some the latter is considered superior to the former. Frequent irrigation during the course of the operation is most desirable, and for this purpose the corrosive-sublimate solution would be by far the preferable antiseptic were it not for its damaging effects upon the Péan forceps and other instruments in use in and about the wound. For this reason it has never been popular in our operating theatre for irrigating purposes during operations. The two-and-a-half-per-cent. solution of carbolic acid here serves a good purpose, but at the close of the operation, after all instruments are out of the way, and just before placing the sutures, the wound in all its recesses and surroundings is most thoroughly douched with the corrosive-sublimate solution.

We look upon the arrest of hæmorrhage before closing the wound as a very important part of the antiseptic method, and no point of oozing is ever overlooked. It is at once grasped by a Pèan or other flat-bladed and ring-handled spring-catch forceps, and, if these accumulate in the operating field so as to be in the way while the operator still continues at work, an assistant is directed to throw a ligature around each one, and whatever it may happen to grasp, without stopping to isolate the vessel. As catgut ligatures alone are used, it is believed that it makes but little difference about the tissues inclosed in the ligature, so long as the hæmorrhage is controlled. Of course, no one would think of including a large nerve trunk. Further, it is thought to be senseless folly to keep removing forceps to see if the oozing has been controlled by pressure, then having to reapply them or resort to torsion, and finally be compelled to tie the vessel. All this involves an extravagant waste of time and much awkward manœuvring. As only absorbable ligatures are used, and these of an unirritating character, it is not deemed objectionable to have a large number of them in the wound.

It may be of interest to know the method we employ in the preparation of our catgut ligatures. We procure the best Italian guitar "E" and violin "E" strings, these two sizes being found sufficient for all practical purposes. In their preparation the latest method of Lister is adopted.

We keep some powdered iodoform in the box with the ligatures. It should be remembered that the strings are almost sure to untwist, unless prevented from doing so, and become thereby useless, when soaked in these solutions for so long a time. In order to prevent this we have adopted the following expedient: The skeins are slipped, just as they come from the importers, upon a round glass bottle upon which they snugly fit; this is filled with sand, so that it readily sinks into the solutions, and here they are kept during the whole process of preparation, and, when finally dried, are removed, and will be found to have retained their original size and shape, the latter a very convenient one. When they are to be used, we cut, say, half a dozen ligatures of about eight inches in length, and place them in two-and-a-half-per-cent. solution of carbolic acid, or, better still, in the one-to-one-thousand solution of corrosive sublimate. This is done just at the beginning of the operation, and, when needed, they are found soft, pliable, strong, and perfectly antiseptic. They may be relied upon to hold, in a non-suppurating wound, either as ligatures or sutures, for at least ten days.

Next in importance to the securing of every bleeding point, and thereby securing a dry wound before closing it, is the consideration of some simple and efficacious mode of draining away the wound secretions as they occur. As in most hospitals, rubber tubing of different sizes, having perforations in its walls, is the stock material for this purpose. It is cheap, and upon the whole, quite efficient, although occasionally it is to be regretted, a sinus is left marking the track of the drainage-tube long after the rest has fully healed. In amputations of the breast we prefer Neuber's absorbable bone drains, and have had some remarkably rapid healing under one dressing with their use. In cases of extirpation of large tumors, where quite a cavity remains, and perhaps several pockets, I have devised and practised a method called "branched drains." It

consists essentially in taking a single stitch, with a needle threaded with catgut ligature material prepared as before described, in the deeper portion of the wound, and bringing out both ends from the most dependent angle of the wound. This is repeated in different parts of the wound and its flaps, all the strands being thus brought to the lower angle of the wound from different parts of its cavity and lower surface of its flaps. Other strands of the same material are laid along the middle of the wound directly underneath the line of sutures in the ordinary way, if deemed needful. Thus it will be seen that these branching drains, coming, as it were, from every part of the wound surfaces and leading to the most dependent portion, must drain more efficiently than a single tube or bundle of capillary drains simply laid along the middle line of a large wound-cavity. Being likewise absorbable, their presence need give the surgeon no uneasiness, and the dressings can remain, but for some reason other than the removal of the drains, until the wound is entirely healed, thus realizing the surgeon's *beau ideal*—viz., perfect healing under one dressing.

As sutures, carbolized silk, horse-hair, silver wire, and catgut hold about equal rank in the estimation of our surgeons, my own practice more recently has been to close operation wounds, which, of course, are expected to pursue an aseptic course, at once with the continued catgut suture. By this means both time and material are conserved, and a much neater line of union obtained. Usually the outside loops of the sutures drop off and come away with the dressings when the inner loops are absorbed. In comparing the irritating qualities of the non-absorbable materials (horse-hair and carbolized silk), we have determined that horse-hair sutures, well cleaned and kept in sublimate solution ready for use, remain rather longer in the tissues without producing irritation, as evinced by slight suppuration along their track, than those of carbolized silk.

When we reach the matter of dressings, we open up the most important part of the subject of hospital antiseptic surgery, for it it is the expense attendant upon the use of antiseptic dressings that has been urged by boards of trustees of hospitals, and prevented many surgeons from adopting them in their wards. Now, I would venture to say that even the expense of a Lister dressing, in all its completeness, when intelligently used, with its need for but infrequent change, will compare favourably with the cost of a daily, and perhaps twice daily, application of ointment, lint, plaster, and bandages. The question that meets us at this point is, what are the requisites of an efficient antiseptic dressing? First of all, the basis, or that which serves to hold our antiseptic and serves at the same time as a dressing, must be of a highly absorbent character, and it must be readily obtainable. Furthermore, it must be light and easily moulded to the parts operated upon, non-irritating, and readily impregnated with some active antiseptic substance. For this purpose the material in most common use at the present time is absorbent cotton. This substance is, however, in my opinion, very much overrated as a surgical dressing. I have used it extensively, and find that a very thin layer only is saturated with the discharge, a crust is formed impermeable to fluids, and the secretions must remain on the surface of the wound, or find their way out under the edges of the dressings. In small wounds with very slight discharge they may be used, but the principal use to which this substance is applied is in maintaining firm and equable compression. Westhorp's antiseptic marine lint is of feeble power; naphthalin added increases its antiseptic quality. It discolours the skin by adhesive tarry matter, and in large dressings is expensive. Glasswool (Kümmel) was found irritating to the skin.

That which gave the greatest satisfaction in every way up to the time of our first using it as a basis for our antiseptic application, was pine sawdust, dried and forced through a common flour sieve, coarser particles and sticks being thus removed from it. After drying and sifting, we mix it in the proportion of one to one thousand mercuric bichloride, and, in order to prevent the decomposition of the bichloride and the formation of calomel in the presence of so much organic matter, chloride of sodium, or pure common salt, is added in the proportion of four grains of the latter to every grain of the mercuric bichloride. The following is a good working formula, and sufficiently exact for all practical purposes: Dissolve twenty-four grains of chloride of sodium in half an ounce of glycerin, heated to the boiling point. Then dissolve six

grains of corrosive sublimate in half an ounce each of sulphuric ether and alcohol. Mix these two solutions together, and triturate well with one pound of well-dried and finely sifted sawdust. Spread out to dry, and when the ether and alcohol have evaporated add naphthalin in the proportion of one part, by weight, to ten of the sawdust. Thus prepared, the sawdust will absorb about four times its own weight.

Iodoform, salicylic acid, and other antiseptics in powder form may be used instead of naphthalin, or the sawdust may be impregnated with carbolic acid, after the manner recommended by Symonds, of Oxford, and thus used to advantage; but. from the non-poisonous and unirritating character of naphthalin, and apparent specific influence over the contagion and spread of erysipelas, besides its, in our hands, well-tried and proved antiseptic qualities, we are fain to believe that it fulfils all the purposes of keeping up an antiseptic atmosphere in the dressings and about the wound. The corrosive sublimate in the absorbent material acts as a most powerful germ destroyer and disinfectant to the secretions as they come in contact with it. Thus we have in the dressing two valuable antiseptics, each of which fulfils a separate office; the bichloride, in the dry state in which we find it desirable to use it disseminated through our dry and absorbent sawdust, would be no bar to the entrance of air laden with germs directly to the cavity of the wound. But the naphthalin in the dressing, which, under the influence of the heat of the body, is being constantly given off in a gaseous state, keeps up a true antiseptic atmosphere, the gauntlet of which must be run by floating matter in the air finding access to the deep dressing. On the other hand, the somewhat scanty solubility of naphthalin in the wound secretions detracts from its usefulness somewhat in disinfecting them, while the ready solubility of the corrosive sublimate in these secretions, as they percolate into the sawdust pad, at once renders their decomposition impossible.

Desiring to still further increase the absorbent power of this class of dressings, after much inquiry and search I succeeded in obtaining a sample of so-called "wood-flour." This material is similar to the "wood-wool" of Professor Bruns, of Tubingen. It is a very finely ground wood fibre, and is used in making oval picture frames, medallion heads, etc., by hydraulic pressure, in paper making and similar industries. It absorbs from ten to twelve times its own weight, and is the most highly absorbent material that I have ever used as a wound dressing. I procured a bale of it for our use at the hospital, weighing about five hundred pounds, at six cents a pound; but I am informed that in smaller quantities it costs about ten cents. Prepared the same way as described for the sawdust dressing, except that it need not be dried preliminarily, it possesses about three times as much absorbing power as the latter, and costs about one-third more. Either is cheap enough, however.

In using the sawdust or wood-flour dressing, it is necessary to have some very coarse gauze with which to make the pads for the dressing. For this latter purpose nothing in my experience is so well adapted to the purpose, handy, and withal so cheap and easily obtained, as the material known as mosquito bar or netting. It is better to render it hygroscopic by boiling it for eight hours in a strong solution of common washing soda and then rinsing it out in clean water to get rid of the alkali. After drying, it may be folded in convenient-sized squares for future use. It is not at all necessary that bags should be made beforehand of the gauze; this is obviated by simply dipping a proper sized square of the gauze in the one-to-one-thousand sublimate solution; when needed, it is spread out upon a common dinner plate, or, when such is not at hand, upon the outspread palms, previously dipped in the same solution, of an assistant. Upon this square is piled, in its central portion, what may be judged a sufficient quantity of the sawdust or wood-flour. The pad is completed by doubling in toward the centre the free margins of the square of gauze, and there securing them by a single safety-pin previously dipped in the sublimate solution. No protective is required; the pad is placed directly upon the wound, and is so disposed that its thicker portion may be in position to receive the discharges from the drains. The pad is supported by naphthalinated cotton, or, what I have found to be equally serviceable for the purpose, and which costs less than half as much, naphthalinated jute. A few turns of a roller bandage, applied to hold the dressing in

position, is all that is required ; no Macintosh nor outer impermeable covering is needed nor desirable. The indications for its removal are the same as in other antiseptic dressings, viz., unaccountably high temperature, excessive pain, or the appearance of the discharges through the dressings.

Such, I would say in conclusion, is a *resumé* of the antiseptic methods in vogue in the surgical wards of the hospital to which I have the honour to be a surgeon. I do not claim originality for all of them, nor can the special method of dressing described be considered as the result of any one man's thought; it is simply the outcome of our own experience and that of others. We fully believe, however, that, with corrosive sublimate and naphthalin as our fixed dressing, and carbolic acid for our instruments, and, again, corrosive sublimate for irrigating (for this we use almost exclusively in redressing, when there are no instruments in the way to become blackened), we practice antiseptic surgery with pleasure to ourselves and profit to our patients.—*New York Med. Jnl.*

Antiseptic Surgery in Private Practice.—The few appliances and drugs used have been collected together in the small compass of an ordinary tin cash-box measuring ten by seven inches, and consist of the following articles, contained in the upper tray of the box and its divisions :

Four cylindrical boxes or bottles of rubber, each containing two surgical sponges, and filled with five-per-cent. solution of carbolic acid.

A card of silk of different sizes, made aseptic by boiling in a mixture of salicylic acid, bee's-wax, and carbolic acid.

A box of chromatized catgut, prepared by immersing ordinary violin and banjo strings in chromic acid, 1 to 1,000, and then in sulphurous acid.

A bottle of iodoform, another of naphthalin, and one of styptic cotton.

Another containing carbolic acid, which is so graduated upon its sides as to serve as a measure of proportion in making the two-and-a-half and five-per-cent. solutions ; and a similar one containing a solution of the mercuric bichloride in alcohol, ℥xxx of which represent seven and a half grains of the salt, and are sufficient to make a pint of the ordinary solution. Drainage-tubes, half a dozen cork discs, painted of different colors, labeled carb. acid, 1 to 20, hydrarg. bichloride, 1 to 1,000, etc., and varnished — safety-pins, horse-hair for sutures, gauze bandages (antiseptic), dressing forceps, a nail-brush and a razor, and ten yards of Mead's rubber adhesive plaster on spool.

The lower portion of the box contains a large piece of naphthalinated gauze, measuring five yards in length by one in width, and sufficient for any ordinary dressing. A piece of rubber tissue twenty-four inches square, a Fowler's irrigator, a pair of large shears, and ordinary roller bandages.

To illustrate the use of the materials enumerated, I will imagine their application to a case of ordinary severity ; for instance, one of strangulated hernia.

An operation having been determined upon, the surgeon procures from the family two pitchers, two shallow dishes, a basin, and a tumbler.

In one pitcher the mercuric solution is made by adding ℥ xxx from the graduated phial to every two tumblerfuls of water poured in. A cork label is thrown into the solution, preventing any awkward confusion or blackening of instruments during the operation.

In the other pitcher a five-per-cent. solution of carbolic acid is made by adding from the proper phial three heaping teaspoonfuls to every two tumblerfuls of water. A label is also thrown into this pitcher, and from these two sources of supply the other preparations are rapidly made.

The instruments required are selected and laid in one of the dishes, in the other the sponges, and upon each a sufficient quantity of the five-per-cent. carbolic solution is poured ; to this is then added an equal amount of water, thus reducing the solutions to the proper strength of two and a half per cent.

The surgeon's hands are now thoroughly washed, and rinsed in the five-per cent. solution, and the nail-brush brought into requisition, his assistants, who are to pass sponges or instruments, taking the same precautions. The parts in the vicinity of the proposed wound are now washed and the hair shaved off, after which a thorough application of one of the solutions is made ; the surgeon rinses his hands again in the five-per-cent. solution, and proceeds with the operation. This is done without spray,

and even the rule in regard to always returning instruments to the solution when not in use may be *partially* neglected, the surgeon laying instruments constantly required on a napkin or a towel wrung out of the five-per-cent. solution and laid conveniently to his hand. This must, however, be *kept* damp, and used as little as possible, since the *habit* of laying instruments down anywhere but in an antiseptic fluid is a bad one and fraught with evil results. The operation concluded, all oozing is carefully checked, and the hands of the surgeon rapidly cleansed in the five-per-cent. solution. The irrigator is now used by filling its tube from the funnel-end and immersing it in the mercuric solution; an assistant holds the pitcher near the operator, and the wound is carefully and thoroughly cleansed. If, on stopping the irrigation, all hæmorrhage is found to have ceased, its lips are brought together with horse-hair sutures, and, *if possible*, without the use of drainage-tubes. (These are, I believe, by no means an unmixed good, and, unless the wound be a deep one, or, from its situation or cause, likely to be attended with profuse serous discharge, I prefer not to use them; in the majority of cases I do not, and have seen the largest wounds heal under one dressing without them. If I fear to close the wound entirely, and have reason to believe that a few days' drainage may be beneficial, I use the decalcified bone, but trust, in the majority of instances, to equable pressure and thoroughness in cleansing the wound before closing it.) The sutures having been tied, the whole surface of the wound is now thoroughly covered with dry, finely powdered naphthalin, and, as rapidly as possible, covered with a thick pad of the naphthalinated gauze, which has been dipped in the five-per-cent. carbolic or the mercuric solution. A gauze bandage is now snugly applied, the irregularities and depressions in the vicinity being padded with cotton, cotton-wool, jute, or any material the surgeon prefers. *These need not* be necessarily charged with any antiseptic material, since the protection to the wound is in the naphthalin and gauze, and the cotton acts simply mechanically as equalizing pressure, and *possibly* as a germ filter from without, its own harmlessness being insured by the barrier below. If I fear discharge from beneath, I am in the habit of scattering naphthalin or iodoform thickly upon the outer surface of the moist gauze, which is then covered with a few layers of dry gauze cut from the sheet, and kept in place with a common roller bandage. The patient is now disturbed as little as possible, the parts kept absolutely quiet, and, if I find by the second or third day that no discharge has made its way through the dressing, that no elevation of temperature (or but slight) exists, and that pain is absent, I wait for some indication as to the period of redressing. With most private cases, intelligently cared for, the dressings are very infrequent; often the first suffices, as I feel that after the first forty-eight hours the chance of failure diminishes.—F. S. Rockwell, M.D., *N. Y. Med. Jnl.*

An Easy and Safe Method of Sounding for Impacted Gall-Stones.—By George Harley, M.D., F.R.S.—The method recommended in this paper for indubitably ascertaining the existence of impacted biliary calculi was illustrated by the narration of a case in which it was successfully performed, in the following manner:—The patient, a lady, æt. 36, who had been under the care of Dr. Diver for many weeks, suffering from the signs and symptoms of obstructed bile-duct, was placed under an anæsthetic. Dr. George Harley inserted a six-inch long French exploring trocar midway between the umbilicus and margin of the liver, an inch and an half to the right of the median line. Its point being pushed upwards and backwards in the direction of the common bile-duct, no hard substance was met with; on the stilette being withdrawn ascitic fluid came away, and the trocar could be moved freely in all directions. The instrument was withdrawn and reinserted an inch higher up, and about two inches to the right of the umbilicus. On pushing it in the same direction as before, to the depth of six inches, its point struck into a hard substance, presumed to be a biliary calculus. It was endeavoured to estimate the size of the stone by pressing the end of the cannula firmly against the hard substance, and moving the point of the instrument all round it. The inference was that the stone was of the size of a hazel-nut. The punctures were closed by means of sticking plaster, and the abdomen bandaged. The signs of obstruction now began rapidly to disappear, and it was supposed that the operation had caused the stone to change its position in the duct, and had thus en-

abled it to pass along into the duodenum. Convalescence at once set in, but was of short duration, for an attack of enteritis followed by peritonitis supervened, and the patient succumbed twenty-seven days after the sounding, and twenty-four after the stone was supposed to have left the duct. At the necropsy the thirteen calculi shown to the Society were found in the gall-bladder, the longest being an inch in length, the next of the size of a hazel-nut, the remainder all much smaller. The paper ended with the following conclusions:—1. The presence of an impacted gall-stone may be readily as well as safely ascertained in the way described. 2. Not only the position, but even the size and shape of a biliary calculus, may be instrumentally ascertained. 3. A knowledge of these facts may possibly induce surgeons to undertake the earlier artificial removal of dangerously impacted gall-stones than heretofore; an operation which Dr. George Harley thought ought to be, under ordinary circumstances, no more hazardous to the life of the patient than the operation of lithotomy, believing, as he did, that the fatality that had hitherto attended the operation had been almost entirely due to the fact of its having been delayed until the exhaustion of the patient precluded the possibility of recovery. In the discussion which followed the reading of Dr. Harley's paper the opinion of the majority of surgeons was decidedly against the operation. One gentleman would much prefer abdominal section; another could not consent to do it, nor even to witness it; others criticised its usefulness. Dr. Geo. Harley replied that the whole subject of gallstones was very little known, and it was remarkable how few people recognized in what a large number of cases they led to death. The symptoms of impacted gallstones were in some points similar to those which might follow from tumour of the head of the pancreas, ulceration of the duodenum, cancer of the liver, and other causes, so that a determination by sounding was very desirable. Fine needles could be run into the various organs and intestines without harm ensuing, and he thought it was the same with the gall-bladder. There could be no doubt that this sounding loosened and set free the impacted stone, for, during the ten days following the operation, the urine lost its bilious colour, the evacuations became darker, and the jaundice lessened. The subsequent symptoms of enteritis and peritonitis were due, he thought, to the passage of the stone along the intestines or to its lodgement in the appendix vermiformis, or near the ileo-cæcal valve. He did not deny there was danger in such sounding, but there was danger in everything. Loose stones caused no symptoms, and should be left alone. Impacted stones were diagnosed by the acute pain and vomiting to which they gave rise.—*Brit. Med. Jnl.*

Abdominal Wounds.—Avoiding any spirit of dictation, it seems proper to tabulate the following conclusions as an outgrowth of the experiments:

1st. Hæmorrhage following shot wounds of the abdomen and the intestines, is very often so severe that it cannot be safely controlled without abdominal section; it is *always* sufficient in amount to endanger life by secondary septic decomposition, which cannot be avoided in any other way than by the same treatment.

2nd. Extravasations of the contents of the bowel after shot injuries thereof are as certain as the existence of the wound.

3rd. No reliable inference as to the course of a bullet can be made from the position of the wounds of entrance and exit.

4th. The wounds of entrance and exit of the bullet *should not be disturbed* in any manner, except to control bleeding or remove foreign bodies when present. They need only to be covered by the general antiseptic dressing applied to the abdomen.

5th. Several perforations of the intestines close together require a single resection, including all the openings. Wounds destroying the mesenteric surface of the bowel always require resection.

6th. The best means of uniting the wounded intestine after resection is by the use of fine silk thread after Lembert's method. It must include at least one-third of an inch of bowel tissue, passing through only the peritoneal and muscular coats, never including the mucous coat. The everted, mucous membrane must be carefully inverted, and needs no other treatment.

7th. Wounds of the stomach, small perforations, and abrasions of the intestine, can be safely trusted to the continued catgut suture.

8th. Every bleeding point must be ligated or cauterized, and especial care devoted to securing an absolutely clean cavity.

9th. The best method of treating the stumps of divided mesentery is to save the mesenteric surface of the bowel and suture its serous surfaces together.

10th. *Primary abdominal section* in the mid-line gives the best command over the damage done, and furnishes the most feasible opening through which the proper surgical treatment of such damage can be instituted. Farther, its adoption adds but little, if anything, to the peril of the injury.

11th. Is not the moral effect of the assurance to the patient, that he will be placed in a condition most likely to lead to his recovery, a good substitute for the mental depression accompanying the general and popular conviction that these wounds mean certain death?—*Jnl. Am. Med. Ass.*

The Localization of Perinephric Lesions.—A table of symptoms of probable and possible value in localizing perinephritis and perinephric lesions.

All anterior regions: Pain, tenderness, swelling, œdema, pointing, etc., in front and side of abdomen.

All posterior regions: Pain, tenderness, swelling, œdema, pointing, etc., in the loin.

Upper tracts: Pleuritic friction, pleural effusion, empyema, expectoration of pus, dyspnœa, suprarenal involvement, solar plexus involvement. If on right side, bilateral œdema of legs, jaundice, fatty stools, persistent vomiting, rapid emaciation, ascites.

Middle tracts: Albuminuria and casts, suprapubic, scrotal or vulvar pain or anæsthesia, suppression of urine, uræmia, pus in the urine, œdema of scrotum or varicocele (especially on left side).

Lower tracts: Flexion of hip, pain or anæsthesia of front, inside, or outside of thigh, retraction of testicle, pain at knee, scrotal or vulvar pain or anæsthesia, without accompanying albuminuria, unilateral œdema of legs, abscess or sinus near Poupart's ligament, constipation (if left side), involvement of chyle receptacle (if right side).—*Louis. Med. News.*

The Non-Necessity of Tarsotomy in Talipes in Children.—After reporting a number of illustrative cases, the following conclusions were given:

In children under ten years, even in extreme cases, subcutaneous division of all the contracted tissues with powerful manual force will restore the foot to its proper position.

Fixation needs to be continued but a short time, when stretching, and an apparatus to encourage muscular action, should be employed.

Tarsotomy should be limited to cases in which moderate measures have failed, and to adults with deformed tarsal bones.—*Phil. Med. Times.*

Rectal Chloroformisation.—M. Dubois (*Le Prog. Méd*) has unsuccessfully endeavoured to anæsthetize dogs by rectal injection of air saturated with chloroform, at the ordinary temperature. Even when the temperature of the mixture was raised to 100° F., and the injection was continued until abdominal tympanism was well marked, no signs of anæsthesia presented themselves.

Midwifery.

Umbilical Hæmorrhage (Joseph S. Gibb, M.D.).—Nearly thirty-five years ago Bowditch referred to the absence of the subject of umbilical hæmorrhage in most of the standard medical works of the day; a small number only mentioning it as a trivial affection. Three years later Minot attributed this neglect to deficiency of observation, rather than to its rarity. Cazeaux, Playfair, Lusk, and others say absolutely nothing on the subject. The accident is certainly rare. Jenkins, in 1858, tabulated 178 cases, which are supposed to represent all those published since 1752. Keiler, in 1881, collects 236 cases, which include all previously published. Dr. Gibb adds five additional cases, the last being a personal case, occurring March 2, 1884, with the following history:—

M. H. was delivered of a healthy female infant on the night of February 28th, 1884. The labour was rapid and easy, followed by slight *post-partum* hæmorrhage. The mother always bled at the slightest provocation. The child was normal till the beginning of the third day, when without evident cause, it began to bleed from the navel. The clothing in front and behind and the pillow, on which it was lying, were saturated with blood, which welled up from the umbilical depression. The cord was nearly ready to separate. The blood did not come from any single point but oozed

from the umbilical pit. A ligature placed around the cord as close to the abdomen as possible controlled the bleeding for a while, then a needle, armed with a double ligature, was thrust through the base of the cord, including some of the tissues around the umbilicus, and then tied on each side and a pad securely fastened with a binder applied. Hæmorrhage again ensued and the child appeared blanched and collapsed. The blood was thin and watery and not inclined to coagulate. Monsel's solution on a cotton pad was then placed over the umbilicus and securely fastened. From this time no further hæmorrhage occurred. The fourth day from birth there was a slight jaundice, but no other symptoms. On the fifth day from birth the cord separated without bleeding, and on the seventh day the coagulum of Monsel's solution dropped out leaving a perfectly clean and normal looking umbilicus. The child recovered perfectly, and is thriving.

Though, this is not a truly typical case of umbilical hæmorrhage, lacking, as it does, some of the minor symptoms, yet it illustrates well the main and important feature of hæmorrhage.

Umbilical hæmorrhage may be divided into three classes,—viz.:

1. Hæmorrhage from improper ligation of cord.
2. Hæmorrhage from traumatism.
3. Hæmorrhage of spontaneous origin.

The first variety, or hæmorrhage from improper ligation of cord, needs but slight comment. It is usually due to carelessness on part of attendant.

Hæmorrhage from traumatism—the second class—is due to an unnecessary handling of infant. This is most apt to occur before the time of the physiological desiccation of the cord. A styptic or ligature at the bleeding point is all that is necessary.

It is the third variety, or spontaneous hæmorrhage, which concerns us most particularly, and which will often tax our therapeutic skill to its utmost to control it.

It is rare that we are able to prognosticate, in an individual case, the liability to this accident. Certain symptoms have been laid down by some writers on the subject as premonitory of umbilical hæmorrhage, but none of them are characteristic, and they may occur in healthy infants or precede other affections. The most constant of the so-called premonitory symptoms is, perhaps, *jaundice*. How common it is to see this symptom in new-born infants who never develop umbilical hæmorrhage! Purpura, colicky pains, hæmorrhage from other parts, drowsiness, have all been noted as preceding this accident, but, as will be seen, are by no means pathognomonic.

The fact of a hæmorrhagic diathesis existing in either parent should make us watchful for the possible occurrence of the same trouble in the offspring. Of all the symptoms given as premonitory, from the nature of the disease, I should regard those of purpura and other hæmorrhages as most important. In one hundred and seventy-eight cases collected by Jenkins, symptoms preceded the hæmorrhage in thirty-three; in twenty, hæmorrhage was the first symptom; in the remainder (one hundred and twenty-five) no premonitory symptoms were noted, the history dating from the appearance of the hæmorrhage.

Symptoms and Progress.—Hæmorrhage, then, in most cases is the first symptom. (It should undoubtedly be regarded in these cases as a symptom, for it is generally conceded that this form is more than a simple bleeding from the mouths of the umbilical vessels.) It may occur at any time, from a few hours to eight weeks after birth. The usual time however, is about the period of the normal separation of the cord. At first a slight oozing, which is readily controlled by styptics or pressure, it gradually increases in strength and soon becomes quite profuse and uncontrollable. The blood is usually non-coagulable, thin, and watery. It may be arterial, venous, or capillary, though it is a difficult matter to decide its character at the time of bleeding.

Jaundice is a symptom which occurs in quite a large proportion of cases. In Hennig's two hundred and thirty cases it was present in eighty-nine,—forty-six before and thirty-seven accompanying the first bleeding,and always with ecchymosis. It varies in amount from a slight staining of skin to a deep bronze colour, being accompanied by clayey stools, dark-coloured urine, and other evidences of deficient hepatic action.

Purpura, ecchymotic spots, bleeding from gums, bowels, or penis, may all be classed under one head,—viz., a hæmor-

rhagic tendency. One or more of these symptoms occur in about the same proportion as that of jaundice.

Etiology.—The causes of umbilical hæmorrhage are, in many cases, involved in obscurity. But in a large number there seems to be a direct relationship between the hæmorrhage and some constitutional condition of infant, which condition may be either hereditary or congenital.

The hæmorrhagic diathesis, or hæmophilia, in my opinion, stands first in the list. Though many persons of this peculiar diathetic condition have perfectly healthy children, still this does not impair the fact that it is a predisposing cause.

But it is not absolutely necessary to invoke the aid of the hæmorrhagic diathesis in the parent to establish the existence of this condition in the offspring. Note the symptoms accompanying umbilical hæmorrhage: are they not those of some blood dyscrasia? In one hundred and seventy-eight cases there were twenty-six with jaundice, purpura, ecchymoses, bleeding from gums, etc., fifteen without jaundice, but with ecchymotic spots, bleeding from gums, bowels, and penis. In nine cases there was a distinct hereditary transmission of the hæmorrhagic diathesis from the parents, and several of these had lost children from other manifestations of this diathesis. In the original case herein reported the mother was a so-called "bleeder." With this evidence before us, it is impossible for us to deny to the hæmorrhagic diathesis a first place in the agencies that bring about this accident. And this is not all. See the fatality of this apparently trivial accident. Do we find so large a percentage of deaths in hæmorrhage from other causes?

And why is it so large in this? Simply because of the weakness of the walls of the blood-vessels and the non-coagulability of the blood.

Jaundice, as an etiological factor, has been the favorite ground for nearly all writers. It is said, in consequence of deficient hepatic action and choking of biliary ducts, the bile finds its way into the blood, which, by inducing a condition of cholesteræmia, deteriorates that fluid, rendering it less plastic. Unfortunately for this theory, it has not been supported by the records of the post-mortem examinations that have been made, for in a comparatively small percentage was there any structural change in liver or its ducts found.

In a few cases the infantile blood has been impaired by the syphilitic or scrofulous taint.

Various other conditions have attracted attention as causes, such as excessive use of alkalies by pregnant women for dyspepsia, insufficient food, and the inevitable maternal impressions.

Of all these, interest undoubtedly centres in the two conditions,—viz, hæmorrhagic diathesis and jaundice. Now, the question arises, do they both depend on the same state of affairs for this existence? and, if so, what is this condition? Or are they to be regarded as separate and distinct entities, each exerting their baneful influence.

They are found existing together in about the same proportion of cases of umbilical hæmorrhage.

Does the circulation of biliary salts in the blood, by its deteriorating influence, induce a state of affairs simulating hæmophilia, or is hæmophilia *the* disease of our little patient, jaundice merely being an indication that the liver is not receiving its proper healthy pabulum and hence refuses to carry on its function properly?

It will require much more investigation than has been given to the subject in the past to determine these points.

At present we are obliged to admit several etiological factors in the production of umbilical hæmorrhage.

Sex.—There appears to be a predisposition on the part of the male sex to the occurrence of umbilical hæmorrhage. In one hundred and fifteen cases which I have been able to collect where the sex was mentioned, there were seventy-six, or nearly sixty-seven per cent., males, and thirty-nine, or nearly thirty-four per cent., females.

Morbid anatomy.—Unfortunately, the morbid anatomy and pathology of umbilical hæmorrhage are in a very crude state, and hence very unsatisfactory. The meagreness of autopsies, and absence of details in those that have been made, render it impossible, at present, to arrive at any satisfactory conclusions.

In one hundred and forty-nine deaths there are records of but twenty-one autopsies, and of these but few complete. Most writers have confined their description to

the condition of the umbilical vessels. We have the umbilical arteries and veins pervious in nine cases. The veins were closed in seven; the arteries in four. Ductus arteriosus pervious in one case, closed in three, two of which were incomplete closures. Ductus venosus closed in one, incompletely so in another. Foramen ovale open in four, incompletely closed in one. In one case all vessels were found pervious, and pus and clots adhered to the tunica intima of veins. In another case all vessels were closed. This one died on fourth day.

The only conclusions that can be drawn from this record of unusual patency of the fœtal vessels is a non-coagulability of blood and weakness of walls of vessels. It certainly does not prove that the disease lies in these fœtal structures; rather, on the contrary, that it is in the blood.

The condition of the internal organs has been examined in several cases, but the information obtained has been so lacking in uniformity that, here again, no positive deductions can be drawn. The interest, to all observers, has appeared to centre in the liver as the probable seat of this trouble. In six cases this organ was perfectly normal in size, colour, and consistence. Where there was abnormality in organ noticed, it was variously described as deep bronze, very solid, dark-coloured, and friable, ecchymotic, and reddish-brown. The cystic and hepatic ducts were pervious twice and impervious in three cases. Gall-bladder empty and largely distended each in two cases.

The surface of internal organs was stained a deep yellow in a number of cases, and also ecchymotic spots well observed in liver, stomach, and colon in several. One observer, noting the condition of blood, describes it as fluid.

Prognosis.—The prognosis of spontaneous hæmorrhage from the umbilicus is terribly grave. The mortality has been enormous. Keiler, in two hundred and thirty-six cases, reports but thirty-two per cent. of recoveries; Hennig, in two hundred and thirty cases, eighty-three per cent. of deaths.

The fatal termination may occur at any period after the commencement of bleeding, from one hour to the eighth week. I have succeeded in collecting ninety-four cases where the time of death has been stated after the first bleeding. Forty-seven, or fifty per cent., occurred within the first forty-eight hours,—twenty-five of these in the first twenty-four, and twenty-two in the second twenty-four hours. The third day there were thirteen deaths; the fourth day, seven; the fifth day, six. After this the seventh and fourteenth days appear to be the favoured fatal periods; in the former there were six, in the latter four.

The earliest recorded fatal termination which I have been able to find is one hour after the first appearance of hæmorrhage. In this case the hæmorrhage was distinctly stated as arterial, and emanated from left side of cord, at its attachment. The child was exhausted when first visited by physician. The hæmorrhage began on the fourth day from birth.

The latest recorded fatal termination was the seventh week from birth. The hæmorrhage began on the eleventh day. It was accompanied by icterus, purpura, etc. It was described as a steady oozing. Styptics, ice, and compresses failed to control bleeding, which was finally accomplished by the ligature *en masse*. However, the child continued to sink, and died at the above-stated time in a purpuric state.

These few examples will illustrate the frightful mortality of this spontaneous bleeding from navel, and the terrible nature of the disease with which we have to contend. It has baffled medical skill in the past, and will continue to do so until the true nature of the affection is accurately known, and our therapeutic resources are used against umbilical hæmorrhage, not as an *accident merely* to the newly-born, but as a symptom of a grave and frightful constitutional malady that yearly adds its quota to the death-lists.

Therapeutics.—The therapeutics of spontaneous umbilical hæmorrhage has been directed in the past to simply controlling or endeavouring to control the hæmorrhage by local measures, in spite of the well-known fact that it was not simply a local trouble with which medical men had to deal. There are some noteworthy exceptions to this rule, among whom may be mentioned Dr. Minot, of Boston, who says, in commenting on this fact, "The internal use of astringents and tonics appears to me to have been too much neglected in

the treatment of these cases. * * We employ such remedies in purpura hæmorrhagica, in scurvy, and other hæmorrhagic diseases of adults; why should they be omitted in a disease so similar in its character in infants?"

I would not wish to be understood as advocating an internal treatment for the correcting of a hæmorrhagic condition, to the exclusion and neglect of local measures. Such reasoning would, on the face of it, be fallacious and absurd. To my mind, the true theory of the treatment of umbilical hæmorrhage is a combination of local measures—styptics, compress, and ligature—with those internal hæmostatics and tonics which experience has proved to be of value in similar hæmorrhagic conditions,—ergot, acetate of lead, sulphuric acid, tinct. ferri chlor., and many others of like nature.

Of the local styptics, all have been tried and all have failed: however they should be resorted to first, for they create less alarm in the mother and are sometimes of value.

The ligature *en masse* is perhaps the most rational method of controlling the bleeding. But it is best not to be too sanguine of the success even of this radical measure of relief; for the blood sometimes wells up from the umbilical depression with no visible bleeding point, hence it is difficult to determine from whence the bleeding emanates. It may arise from a source deeper than our ligature encloses. This may possibly explain the non-success of this treatment in some cases.

All that can be expected of local measures is a transient cessation of the hæmorrhage, so that internal medication may be carried out and the blood improved in its character.

It has been recommended that women who regularly give birth to children who have umbilical hæmorrhage should, during their pregnancies, abstain from the use of alkalies, and substitute for them the mineral acids and tonics.

I would remark, in closing, that it is to be hoped that future generations may have a more widespread knowledge of this neglected, rare, and fatal disease. The only way this can be accomplished is by us, as individuals, making a careful study of each case as we meet it, and then giving to the world the result of our individual experiences. We all stand on a footing in the knowledge of this affection, and hence need not be anxious lest we are making too much of a commonplace affair—*Phil. Med. Times.*

Length of the Foot in Relation to the Volume of the Fœtus.—Dr. Gonner, in a contribution to the treatment of pelvic presentations, gives the results of his study of the length of the fœtal foot in its relation to the volume of the infant. His observations were made in 100 consecutive births at the Obstetrical Clinic at Bâle. He finds the length of the foot to be 8 cm. in a typical child weighing 3,000 grammes. When the length of the foot is greater than 8 cm. the child is larger than a fœtus at term. When the natural pelvic measurements are taken into account with these fœtal measurements we have sufficient data to form a prognosis as to the birth of a living child, or the necessity of some destructive operation. These calculations are not applicable to hydrocephalics or other monstrosities. A foot which measures 7 6/10 centimetres denotes a child of average volume. One less than 7 3/10 centimetres a fœtus before term. With the same length of foot girls are heavier than boys. The vocation of the parents and national or race peculiarities must also be taken into consideration.—*Journal de Méd. de Paris.*

Vomiting of Pregnancy.—Berry Hart (Edinburgh), finds in ten cases ten successes in the treatment of this symptom from giving every evening a pill containing

Iridin	20 cent.
Confection of roses	q. s.

followed the next morning by a saline laxative.

M. Gueneau de Mussy finds good effects from the following:

Euonymin	.05 to .10	grs. ¾ to 1½
Podophyllin	.02 to .03	⅓ to ½
Ext. Hyoscyami		
or Ext. Belladonnæ	.05	¾

Make one pill—to be taken at bedtime.—*Le Prog. Méd.*

Professor Parvin recommends the conical aural speculum and a mirror for the examination of the female urethra.—*Coll. Clin. Rec.*

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JULY, 1884.

ONTARIO MEDICAL ASSOCIATION MEETING.

This Association held its Fourth Annual Meeting in Hamilton on the 4th and 5th of June. Although in point of numbers it fell behind its predecessors, in the amount of work accomplished, and in the harmony of feeling which pervaded its deliberations, it was far ahead of any previous meeting. The character of the papers read was decidedly above the average, and were pretty well distributed over the various sections of the country. The Hamilton men were conspicuous for the personal restraint self-imposed in not presenting a single paper, although they added much to the success of the meeting by the ability evinced and the interesting share they took in the discussions.

The President's address was delivered at 3′ in the afternoon of the first day. It was replete with wit, and if some of his allusions were caustic the application was so gentle and administered with such a friendly smile as to lose its sting. To the President's promptitude and excellent qualities as a presiding officer, was due, in a large measure, the celerity with which the business of the Association was transacted without any appearance of hurry or confusion. Even with all the expedition, a number of papers were perforce read by title, and the Reports of Committees—some of which were most excellent and contained matters of high interest to the Profession—were taken as read, or were referred to the next Session. This is a matter of regret, as it will inevitably tend to burden the ensuing Sessions of the Association with work which, besides properly belonging to another period, is also likely to lose somewhat in interest by postponement, and establishes a precedent which cannot fail to be derogatory to the welfare of the Association. The remedy proposed for this by Dr. Powell is of questionable utility.

The new President of the Association is Dr. Worthington of Clinton. He has taken an active interest in the Huron Medical Association, and is well known through that section of the country. His elevation to the highest honours which the Association can confer will, doubtless, be hailed with satisfaction and pleasure by his numerous friends. No one can possibly fail to be pleased with the choice of those who fill the Vice-Presidents' chairs. Dr. Tye, of Chatham, and Dr. Powell, of Edgar, have worked long and faithfully in the interests of the Association, and the well-merited honour they have received is but a slight token of the appreciation with which their efforts have been recognized.

London has been chosen as the next place of meeting. Why the choice fell upon this City of the West is wrapt in obscurity, unless some such hope as actuated the Dominion Association the year before last in the choice of Kingston, pervaded the minds of the Committee. That in the past they have not aided the Association by their presence is not to be taken as a sign of the future. An effort will, doubtless, be made to make the meeting, next June, a success commensurate with the undoubted ability of the Londoners to carry off pleasantly and victoriously any undertaking which they resolutely set their minds upon.

It is suggested that young doctors, that unsuccessful doctors, and that doctors with leisure time should cultivate drug farms.

MEETING OF THE MEDICAL COUNCIL.

The recent meeting in June was the last of the present council. It has been our pleasure to watch carefully the proceedings at the various meetings, and, as our readers know, we have had little to find fault with. There has always been a desire manifested to uphold the interests, and to raise the status of the profession; and at the same time there has been observed an order and dignity which contrasted very favourably with the actions of the old *bear garden* days.

It will be seen by our report that some changes have been made in the curriculum, which we have discussed before, and which are in the right direction, while they are not so radical as to cause any unnecessary inconvenience to the students. We regret that graduates in arts are asked to spend four years instead of three, but as they may still count one year of their art course which includes medical subjects, the new rule seems unnecessary, and we can scarcely see why it was made. We are glad that no changes were made in the Examining Board. An amendment proposed to strike off the name of Dr. Tye, the former examiner in physiology, was promptly voted down. Dr. Tye is so eminently suited for the position, that we were surprised at a proposal to make a change.

We have again great pleasure in testifying to the energy and tact exhibited by the deservedly popular Registrar, Dr. R. A. Pyne, and we are very glad to note that the council decided to make a small increase in his salary, which is still too small for the amount of work which is necessarily connected with the office.

We cannot say good-bye to members without considerable regret; and we hope the results of the elections which will take place in May, 1885, will place the majority in their usual places at the next meeting. On this subject we may have more to say hereafter.

Meetings of Medical Societies.

ANNUAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

The Annual Meeting of the College of Physicians and Surgeons of Ontario was opened at two o'clock on Tuesday, June 10th. The President, Dr. G. Logan, of Ottawa, occupied the chair.

Drs. Day and Geikie were nominated for the position of president, the former being elected by a vote of 15 to 9. Dr. E. W. Spragge was elected vice-president.

Standing Committees.—The following committee to strike standing committees was then appointed:—Drs. Lavell, Geikie, McDonald, Moore, Logan, Williams, and Burritt. The council then adjourned for a few minutes to allow the committee to proceed with their duties.

When the council re-assembled Dr. Lavell, chairman of the committee, reported the following Standing Committees:—

Registration Committee — Drs. Rosebrugh, chairman, Vernon, Bergin, Fenwick, and J. W. Wright.

Rules and Regulations—Drs. McDonald, chairman, Grant, Rosebrugh, Campbell, and J. W. Wright.

Finance—Drs. Edwards, chairman, Allison, Henderson, and Douglas.

Education — Drs. Lavell, chairman, Geikie, Moore, H. H. Wright, Edwards, Burritt, McDonald, Husband, Logan. Williams, Burns, Cranston, Bray, Fenwick, and Buchan.

Printing—Drs. Vernon, chairman, Moore, Campbell, and Burritt.

The report of the committee was received and adopted.

On Wednesday morning Dr. Fenwick moved that examinations be held in London as well as other cities. He said that the expense of attending the examinations were very heavy. The students of London College had previously had to come to Toronto or Kingston every year, and that fact had worked against the interest of London.

Dr. Cranston said Kingston and Toronto were the only places designated in the Act.

The chairman ruled the motion out of order, not being in accordance with the Act.

Territorial Divisions.—Dr. Burns read a by-law to provide for the election of repre

sentatives to the council for territorial divisions.

The by-law provided that the nomination for candidates for election should be signed by twenty registered medical practitioners.

Dr. Cranston moved in amendment that the number of signatures to the nomination be ten. Carried.

AFTERNOON SESSION.

The council resumed at three o'clock, Dr. Day in the chair.

Dr. Aikins read the financial report for the past year as follows:—Cash in bank, June, 1883, $2,163.98; receipts, $7,385.90; total, $9,549.88. The receipts were obtained from the following sources:—Fines inflicted upon illegal practitioners, $199.62; rent of hall, $50; assessment dues, $766; registration fees, $2,960.28; examination fees from pupils, $3,410. The expenditures were as follows:—Payments to members of Council, $1,081.86; fines paid to prosecutors, $174,85; accounts, $861.46; curriculum committee, $76.95; current monthly expenses of the registrar, $223.42; interest on mortgage on building, $390; payments to examiners, $1,331.60; fee returned, $20; salaries, $1,450; Dr. Lavell's expenses at Kingston examinations, $48; total, $5,658.14; leaving a balance of $3,891.74. The value of the lot and hall had increased a good deal, but no payment towards liquidating the debt had been made for several years.

The report was received.

Changes in the Regulations.—The Curriculum Committee's report was read, and on motion the council went into committee of the whole to consider it.

In committee the following changes were made in the regulations:—Clause 2 of section II., which provides that graduates in arts of any college or university recognized by the council will only be required to pass three years after graduating in attendance upon medical lectures before being admitted to their final examination, was struck out. Clause 4, which reads as follows, was struck out:—"Every student commencing after June, 1880 (not a graduate in arts), shall attend medical lectures for at least four sessions of six months each." Clause 6 was amended so as to provide that the two courses of lectures of six months should be taken in different years. Clause 9, which provides that "Graduates in arts who have attended one course of lectures on botany and practical chemistry, and two courses on theoretical chemistry, and who have already passed an examination on these subjects in any of the recognized colleges, will not be required to undergo a second examination on the same, provided they produce tickets for the courses of lectures stated, and a certificate of having passed an examination on these subjects," was struck out. Clause 10 was amended so as to provide that students can be admitted to the final examination after having spent six months in compounding medicine in a drug store or elsewhere instead of exclusively in the office of a medical practitioner as heretofore required. Clause 14 was struck out, and the following substituted:—

"All persons from recognized colleges outside the Dominion of Canada, who desire to qualify themselves for registration, must pass the matriculation examination recognized by the council, and must attend thereafter one or more full winter courses of lectures in one of the Ontario medical schools, so as to complete fully the curriculum required by the council, and shall pass before the examiners appointed by the council all the examinations hereafter prescribed. This does not apply to Homœopathic students." Clause 3 of section 3 was amended by striking out therapeutics and botany from the list of subjects embraced in the primary examinations and inserting pharmacy. Clause 4 was amended by providing that each candidate for the primary examination shall be required to present in addition to the other certificates required a certificate of ability to make and mount microscopic specimens. A clause was also added requiring that "each candidate for final examination must present a certificate of attendance at six *post-mortems* and a certificate of ability to draw up a report of a *post-mortem* examination, also a certificate of having reported satisfactorily on six cases of clinical medicine and six of clinical surgery." Clause 5 was amended so as to make the final examinations embrace the principles and practice of medicine and therapeutics. Clause 6 was amended to provide that the primary examinations be "written" as well as "oral."

The Committee of the Whole then rose and reported to the council, when the amendments were adopted.

THURSDAY MORNING.

Dr. Wright said that at the present time there was an Act providing for inspectors in anatomy. The increased number of students required a large number of "subjects." At present there was a little difficulty in getting a sufficient number of subjects. He asked that the members of the council use their individual influence with the members of the Legislature to obtain the necessary laws, so that the necessities for anatomy might be obtained without outraging public feeling.

Dr. Burritt thought the council should take some definite action. The medical profession was treated shamefully at the last session of the Legislature. The bill which had passed the committee was thrown out of the House.

Dr. Geikie thought the matter was a very urgent one. If the supply of what was necessary for anatomy was kept up there would be no fear of outraging public feeling.

Dr. Bray moved "That it is desirable, in the interest of medical education, that increased facilities for the study of human anatomy should be provided, and that a committee consisting of the vice-president and members of the council residing at Toronto, be instructed to wait on the Ontario Government for the purpose of inducing the Legislature to pass the Anatomy Act, and that a copy of this resolution be sent to each member of said Legislature as embodying the views of the whole medical profession of Ontario." Carried.

The Annual Assessment.—A by-law for levying the annual assessment for 1885 was read a first time.

Dr. Douglas was opposed to the principle of collecting $1 assessment every year from the members of the profession. There was great difficulty in collecting the money, and many who were opposed to the fee would not pay until the matter was placed in court. He thought it would be much better to charge the students $10 or $15 at the beginning of their career and do away with the annual fee.

Dr. Geikie did not think they should place any more burdens on students.

Dr. Bray thought if the fee were made larger the members would be more willing to pay. He moved that the annual fee be $2 instead of $1.

Dr. Wright thought that some penalty should be attached to the non-payment of the fees. If that was done there would be less trouble. The medical Act would, however, have to be altered before any such change could be made.

Dr. Douglas moved that the consideration of the assessment by-law be referred to the Legislative Committee.—Lost.

Dr. Bray withdrew his motion, after which the by-law was read a second time and adopted.

Resolutions.—Dr. Burns moved that Drs. Cranston, Henderson, McDonald, and Edwards be a committee to act in conjunction with the Ontario Medical Association to obtain a grant for a pathological museum from the Local Legislature. Carried.

Dr. Fenwick moved that the examinations be held in future in Toronto. Lost.

Dr. Williams moved "That when the council is seeking further legislative powers from Parliament, we endeavour to obtain the right to appoint a medical practitioner in each electoral division, who shall have the right to tax all medical bills that may be under dispute and referred for his decision, and such decision have the same legal effect as the taxation of bills of costs by the taxing master of the legal profession." He thought the effect of having such an officer would be to keep a good many cases out of court, where so much of the disputed accounts was used up in costs. The profession would also be more reputable if such matters could be settled amicably or privately.

Dr. Bray heartily agreed with the suggestion, which he thought would effect good results for the profession.

The motion was carried.

Dr. Buchan moved that Drs. Geikie and Douglas be appointed to represent the Council at the approaching meeting of the British Medical Association and at the International Medical Congress at Copenhagen. Carried.

Building Committee.—Dr. Wright presented the report of the Building Committee. The Council then went into Committee of the Whole, Dr. Bray in the chair. The report stated that the committee had decided not to entertain the offer for the purchase of the old Zion Church and lot for $15,000. The lowest price at which the property could be disposed of, they considered, was $20,000. They recommended that a site be selected for the erection of

the college near the University. The report was adopted. The committee rose and reported it to the Council, when the recommendations were finally adopted.

The Council then adjourned till 2:30 p.m.

AFTERNOON SESSION.

On motion the assessment by-law was referred to the Legislative Committee. The following officers were elected for the ensuing year:—Dr. Pyne, registrar; Dr. Aikins, treasurer; D'Alton McCarthy, solicitor.

FRIDAY MORNING.

The report of the Finance Committee was re-considered in Committee of the Whole, and finally adopted with amendments.

A by-law for increasing the salary of the registrar from $1,000 to $1,200 was introduced, and after being passed through the various stages was adopted.

Dr. Lavell read the report of the committee on Education. The report recommended that the council accept a County Board teacher's certificate of qualification when endorsed by the Education Department as being of equal value to the intermediate High School certificate on the third non-professional, as at present required by the council. It further recommended that the examiners be re-appointed, with the exception of Dr. Nicol, in place of whom the name of Dr. Anderson, of Hamilton, be inserted.

Dr. Edwards moved to substitute the name of Dr. Cascaden for that of Dr. Tye as examiner in physiology.

After considerable discussion the motion was lost on the following division:—

Yeas—Drs. Allison, Husband, Edwards, Logan, Vernon, Henderson, Buchan, Campbell, and McCargow—9.

Nays—Drs. Burns, Bergin, Bray, Burritt, McDonald, Lavell, H. H. Wright, J. W. Wright, Moore, and Williams—10.

The report was then adopted.

Legislative Committee's Report. — Dr. Douglas presented the report of the Legislative Committee, which recommended the following amendments to the Medical Act for the consideration of the council:—A proviso be added to Section VI. that the colleges which are represented in the council must establish a medical faculty and give lectures in each department for such a time as may be specified by the council. That powers be given to the council to fix by by-law all matters affecting representation and to prevent any misunderstanding hereafter as to who are electors in any division. That section 27 of the Ontario Medical Act be expunged and the following substituted:—Each member shall pay to the registrar an annual fee of $5 with the privilege of at any time commuting for life by the payment of $20. That the council shall have power to establish a code of ethics, and in the event of any violation of the code to punish the offender by suspension or erasure of his name from the register of the college; such action to be taken after a full investigation by the council, which is to have power to examine witnesses on oath.

Dr. Edwards moved that the Legislative Committee be authorised to approach the Legislature to obtain the legislation referred to in the report. Carried.

A vote of thanks was then tendered to Dr. Pyne for the efficient and courteous way in which he had fulfilled the duties of registrar during the past year. Dr. Day, the president, was also tendered a vote of thanks and made a suitable reply.

The council then adjourned *sine die*.

ONTARIO MEDICAL ASSOCIATION.

(Fourth Annual Meeting held at Hamilton, June 4 and 5, 1884).

The Association met at 10 a.m. in the City Hall. The president, Dr. Daniel Clark, of Toronto in the chair. After the registration of members and the report of the committee on arrangements, the papers were called for and Dr. Workman, Toronto, read a paper on Aphasia. This affection had been recognized and described from the time of Hippocrates. In a few words its history was traced from the meagre accounts of the olden times to the full and learned disquisitions of the present. That form of the disease described as *word deafness* by Kussmaul was specially dwelt upon; but motor and amnesic aphasia received attention. Modern research had undoubtedly proven that Broca's or the third ascending left frontal convolution was closely and intimately concerned in the faculty of articulate speech, and was strong evidence in favour of the theory of cerebral localization.

Dr. J. D. Macdonald, Hamilton, as a general practitioner felt diffident in under

taking to discuss this paper which required a specialist for its elucidation. He of course occasionally met with cases of aphasia associated with right sided paralysis of varying degrees of severity. He recalled one case of a clergyman, an energetic intellectual man with an abundant flow of words, who was suddenly affected with aphasia, and a slight right paralysis. His vocabulary was now limited to "yes" and "no." His efforts to read portions of the Psalms which he knew by heart were painful to witness. In the course of time he was able to resume his duties, though a slight defect in speech persisted for a long time.

Dr. Geikie, Toronto, only spoke to escape censure from Dr. Workman. He related a case of amnesic aphasia. He agreed with the doctor that the works of the older authors were not sufficiently read by the profession of to-day.

Dr. Mullin, Hamilton, related a case of a man in business, in apparently good health, who made in his books entries of a peculiar and incomprehensible character. Upon careful examination, and on being made to write certain test sentences, it was found that he was aphasic. Some words were wrong, and others partly finished. He slowly but eventually recovered.

Dr. Bray, Chatham, related a case of aphasia occurring in a puerperal woman who also had albuminura. She recovered completely.

Dr. Clark, Toronto, dissented from the doctrine of cerebral localization. He considered that as yet it was unproven. He looked upon the cerebrum as a whole as the receptacle of psychic impressions.

AFTERNOON SESSION.

At 3 p.m., the President delivered his annual address, after thanking the association for the honour conferred upon him he proceeded to touch upon matters of interest to the profession. He pointed out the educational facilities enjoyed by the student of medicine of to-day, and contrasted it with the difficulties of former times. For this improvement he thought the different schools and the central licensing body deserved great credit, for they had gradually raised the standard of education. He then referred to the various unseemly advertisements which appeared in the secular and religious press which were a source of mischief to the weaker members of the community. In conclusion he referred to the benefits accruing from an accurate prognosis and urged the need of a closer study of the natural history of disease, and advised the cultivation of a cheerful countenance, for the patient and his friends studied closely the physician's expression and drew from it auguries of good or ill.

Dr. Tye, Chatham, then read a paper upon the Management of the Third Stage of Labour in which he took exception to the general application of Credé's method of expressing the placenta. He advocated gentle pressure and manipulation over the fundus of the uterus.

Dr. Macdonald, Hamilton, left placenta alone for some time, even for an hour, till it was completely detached.

Dr. Bray, Chatham, said that the first and only time he had practised Credé's method the result was unfortunate, and troublesome, there being relaxation and profuse hæmorrhage, and a protracted recovery.

Dr. Mullin, Hamilton, said that when the placenta was lying in or near the os it was safe to leave it to the natural action of the uterus for expulsion; but when it was situated on a higher level and was retained in the uterus there was danger of hæmorrhage, and physical interference was perhaps demanded. In any case the woman was not to be left until firm and continued contractions were induced. He invariably remained with his cases until this occurred, and then left them with the full assurance that they were safe.

Dr. Harrison, Selkirk, gave his cases a good dose of opium and brandy and left them easy and secure.

Dr. Bryce, Toronto, desired to know the *rationale* of the action of brandy and ergot, he thought their physiological actions antagonistic.

Dr. Richardson, Toronto, had been brought up in that school in which all meddlesome midwifery was considered bad. He never worried and irritated the uterus by premature and useless attempts to extract the placenta: he waited and when he found it lying in the vagina or partly in the vagina and partly in the os, by gentle traction on the cord, or by inserting one finger under the edge of the placenta, the air rushed in and the mass was expelled without trouble. In the course of a long midwifery practice he had never had the

misfortune to meet with cases of hour-glass contraction, a fact which he attributed to his non-interference.

In regard to the brandy and ergot, he gave ergot for its specific action upon the uterine muscular tissue, and brandy was always indicated in collapse and syncope from excessive loss of blood, and in severe post partum hæmorrhage he plied the stimulant with unstinted hand.

Dr. A. A. Macdonald, Toronto, made use of a modified Credé method and had obtained excellent results from it. He gave ergot after the expulsion of the placenta in order to aid uterine contraction.

Dr. Powell, Edgar, read a paper on the Later Antiseptics. He exhibited the various appurtenances of the antiseptic method, rubber sheets, bandages, gauzes, wood-wool, peat, iodoform, corrosive sublimate, &c. He said that the security and success attending the employment of these measures more than compensated for the additional trouble involved, and the expense was now so reduced as not to be a bar to their use. He mentioned a series of five incised axe wounds of the knee joint occurring to him in a country practice which had been brought to a successful issue under infrequent antiseptic dressings. He advocated cleanliness, elastic pressure, rest and antiseptics.

Dr. Griffin, Brantford, presented a specimen of Cancer of the Cæcum, with the history of the case. T. W., æt. 66, female, of excellent health up to six years ago when occasional attacks of diarrhœa occurred, followed by constipation and symptoms of obstruction. Large quantities of gelatinous mucous, at times in long strings were frequently seen in the dejecta. Two years ago a tumour the size of a walnut was found in the left mamma. Family history pointed to malignancy. A slight hæmorrhage led to a rectal examination, when a small tumour was discovered in the upper part of the rectum. The distress gradually increased. Nodular growths appeared around the cervical, subclavian and axillary glands, and two months before death complete obtruction ensued, no fæcal matter passing or being brought away by enemata. In the last few weeks of life the superficial tumours diminished greatly in size. One week before death a liquid fæcal discharge passed per rectum. At the autopsy permission was obtained only to examine the abdominal cavity. At the cæcum a hard tumour was found obstructing the lumen of the gut so that a No. 4 catheter barely passed. No other sign of disease was found.

Drs. Graham and Sheard made some remarks upon the case.

Dr. Brouse, Brockville, read a paper describing a case of Ovariotomy. On opening the peritoneal cavity six quarts of pale straw-coloured syrupy fluid was discharged. There were no adhesions; the case did well. He also described two cases of strangulated hernia which he had operated on, the sac was opened in each case. One recovered, the other, an old feeble patient in whom obstruction had existed for seven days, died. He insisted upon prompt operation.

Dr. Groves, Fergus, had found cystitis a common consequence of operation in cases of ovariotomy such as Dr. Brouse described.

Dr. Campbell, Seaforth, said that Dr. Brouse's point was well taken. A country surgeon was frequently called to see cases without the slightest previous history and was confronted with a case demanding immediate operation. They should always be prepared to meet the demand.

EVENING SESSION.

Dr. Burnham, Toronto, read a paper on Carbolic Acid in Gonorrhœal Ophthalmia. His method of treatment was deduced from a very large number of cases where other astringents and antiseptics failed to produce equally good results. Carbolic acid solution one in forty at first, increased afterwards to one in twenty, was used. The eye was to be irrigated with the solution hourly, day and night, and cloths wet with ice-water were to be constantly applied and frequently changed; with this plan of treatment he had never found it necessary to protect the sound eye further than by keeping it uppermost. The purest acid must be used as inferior kinds prove very irritating.

Dr. Howe, New York, said that as an astringent he saw no advantage in carbolic acid over nitrate of silver and other astringents with ice water and as an antiseptic he thought we possessed others equally powerful and effective.

Dr. Ryerson, Toronto, had used the carbolic treatment in two cases only, one of these recovered and the other did not, therefore he was inclined to regard the claims of carbolic acid as overdrawn.

Dr. Harrison, Selkirk, had in his own person experienced the anæsthetic effects of carbolic acid in a severe conjunctivitis.

Prof. Galbraith; Foods, drinks and adulteration, Dr. Bryce; Construction and ventilation of buildings, Dr. Cassidy; Poisons, Dr. Rae; School Hygiene, Dr. Yeomans; Legislation, Dr. Bryce; Finance, Dr. Rae; Publication, Drs. Oldright and Covernton. The Board then adjourned.

Book Notices.

Dr. Ryerson: a Review and a Study. By J. Antisell Allen, Esq., Kingston.

Agricultural Returns to the Ontario Bureau of Industries. May 15, 1884.

Settler's Pocket Guide to Homesteads in the Canadian North-west. John T. Moore, Toronto.

A Catalogue of Old and New Books, by William Johnston, 312 Yonge Street, Toronto.

Sixth Annual Announcement of the Fort Wayne College of Medicine. Session, 1884-5.

Annual Announcement of the Medical Department of Niagara University. Buffalo, N. Y., Spring Term, 1884.

International Medical Congress. Eighth Session. Copenhagen, 10th to 16th August, 1884. Rules and Programme.

Moral (affective) Insanity—Psycho-Sensory Insanity. By C. H. Hughes, M.D., St. Louis (Reprint from *Alienist and Neurologist.*)

Weekly Health and Meteorological Reports, and Monthly Mortuary Statistics of City of Lansing and State of Michigan. Issued by the State Board of Health. Henry B. Baker, M.D., Secretary.

The Picturesque on the B. and O. From Great Rivers and Lakes over the crest of the Alleghanies, down the Valley of the Potomac to the Sea. This little book gotten up as a Railway advertisement, is one of the handsomest things of the kind we have ever seen; every page containing a description of the line of route, and comically and fantastically illuminated, and the notable scenery on the way is beautifully reproduced by fine engravings.

The Popular Science Monthly. Conducted by E. L. and W. J. Youmans. New York: D. Appleton & Co.

The July number is, as usual, replete with articles of scientific interest adapted to the practical needs of a very large class of the community. Those possessing more direct interest to the medical man in this number are Colorado for Invalids, by Samuel A. Fisk, M.D.; The Prevention of Hydrophobia, by Louis Pasteur; Diseases of Plants, by D. D. Penhallow; Glasgow's Bandylegged Children, by George Hay, M.D.; Sketch of Averroës, by George Jackson Fisher, M.D.; Adaptation to Climate, by Dr. A. Berghaus.

The articles which have appeared by Herbert Spencer, alone would be worth the subscription price of the journal, to the medical man as well as to the individual citizen, whether he is a professional man or not.

Sexual Neurasthenia (Nervous Exhaustion), its Hygiene, Causes, Symptoms, and Treatment, with a Chapter on Diet for the Nervous, by Geo. M. Beard, A.M., M.D. (Posthumous Manuscript). Edited by A. D. Rockwell, A.M., M.D. New York: E. B. Treat,, 1884.

This little work, a posthumous manuscript of the late Dr. Beard, is edited by the author's former friend and partner, Dr. Rockwell. It deals with that form of neurasthenia associated with abuse and irritation of the sexual apparatus. It is a philosophical and clinical study upon a large number of cases, which are narrated in the forcible and lucid style of the author. The diet for man is founded upon the theory of evolution. The higher feeds upon the lower organization, and the best diet is upon that which more nearly approaches the eater in the scale of evolution. The book will repay perusal for its many hints in diagnosis and treatment,

Diagnosis and Treatment of Diseases of the Heart, by Constantin Paul. New York; Wm. Wood & Co. 1884.

This constitutes the March number of Wood's Library for 1884. It is replete with information, and is a remarkably good sample of the best of the modern French school of scientific medicine. M. Paul, as a diagnostician, is, if not without an equal, at least with few superiors in Paris, and also in the world.

The work is divided into three parts, the first, consisting of eight chapters, upon general considerations of the topography of the heart. In this portion of the work is touched upon the most recent applications of science to the mensuration and physiology of the heart. The second part takes up the diseases of the heart and its membranes, and the third is devoted to treatment. There are numerous diagrams and cuts distributed throughout the work. Many of the illustrations would be rendered more serviceable by lettering and explanatory notes appended to them. Sphygmographic tracings are numerous and carefully analysed. We cordially recommend the work to the profession, and would be better pleased if it were possible to obtain it, if wanted, without the necessity of buying other books which we possibly may not desire to have.

Clinical Lectures on Mental Diseases, by T. S. Clouston, M.D., Edin., F.R.C.P.E.; to which is added an *Abstract of the Statutes of the United States and of the several States and Territories relating to the Custody of the Insane*, by Charles F. Folsom, M.D. Philadelphia: Henry C. Lea's Son & Co., 1884.

Dr. Clouston speaks apologetically of the appearance of his work on mental disease, seeing how many treatises on this subject have been put forth, and how excellent is the character they bear. These lectures are essentially clinical. The illustrations of disease are faithfully drawn from the author's personal experience. The appeal to actual facts and vivid description of existing cases attracts the attention and impresses the memory with more force than a generalized description, however much labour and research may have been expended upon it.

In his classification he introduces some modifications in nomenclature which he affirms are more in conso-

nance with scientific exactitude. Thus, for Melancholia, he proposes Psychalgia, a state of morbid mental depression and painful feeling, just as painful disorders of sensibility are called neuralgia. Mania might be called Psychlampsia.

Lecture XIX., upon the medico-legal and medico-social duties of medical men in relation to mental diseases, should be carefully read and thoroughly digested by every man presuming to enter the practice of medicine.

The Appendix, by Dr. Folsom, is a useful and clear condensation of the Lunacy Laws and Procedures in the United States and Territories.

Personal.

ONTARIO MEDICAL ASSOCIATION COMMITTEE.

The President, Dr. Worthington, has nominated the following additions to the Standing Committees:—

Committee on Credentials.—Drs. Carr, Parkhill; Griffin, Brantford. *Nominations.*—Drs. Aylsworth, Collingwood; Richardson, Toronto; Ridley, Hamilton; Harrison, Selkirk. *Public Health.*—Drs. Shaw, Hamilton; Ryal, Hamilton; McKinnon, Guelph; Fraser, Sarnia. *Legislation.*—Drs. Leslie and Hillyer, Hamilton; Hunt, Clarksburg; McMahon, Dundas. *Publication.*—Dr. Fulton, Toronto. *By-Laws.*—Drs. Potts, Cobourg; Battersby, Port Dover; Thrall, Woodstock. *Medical Ethics.*—Drs. Biggar, Hamilton; Howitt, Guelph; O'Reilly, Toronto.

Temporary Committees, 1884-5.—*Surgery.*—Dr. Powell, Edgar, chairman; Drs. Malloch, Hamilton; McFarlane, Toronto; Groves, Fergus; Bray, Chatham. *Medicine.*—Dr. Tye, Chatham, Chairman; Drs. Mullin, Hamilton; Graham, Toronto; Carney, Windsor; C. K. Clarke, Kingston; Philip, Brantford. *Obstetrics.*—Drs. Temple, Toronto Chairman; Holmes, Chatham; Harris, Brantford; Rosebrugh, Hamilton; A. A. McDonald, Toronto; Gunn, Brucefield. *Ophthalmology and Otology.*—Dr. Ryerson, Toronto, Chairman; Drs. Reeve, Burnham, Rosebrugh, Palmer, Toronto. *Necrology.*—Dr. Kitchen, St. George, Chairman; Drs. Hillary, Aurora; Aikman, Collingwood. *Audit.*—Dr. McKay, Woodstock, Chairman; Dr. Miller, Hamilton. *Papers and Business.*—Dr. Hutchinson, Brussels, Chairman; Drs. McLean, Goderich: Anderson, Winchester Springs; Baines, Geo. Wright, Nevitt, Toronto. *Arrangements.*—Dr. Arnott, London, Chairman; Drs. Wishart, Edwards, Moorehouse, London; Fairchild, Burford; Tisdale, Lynedoch; Porter, Walkerton.

Dr. J. Spence (Toronto, '84) is at Millbank.

Dr. C. W. Hunt (Toronto, '84) is in Chicago.

Dr. A. T. Rice (Toronto, '84) is practising in Woodstock.

Dr. F. T. Dolsen (Toronto, '83) expects to settle in Grand Rapids, Mich.

Dr. W. B. Geikie and Dr. A. J. Geikie have gone to England.

Dr. H. W. Acland, has been made Knight Commander of the Bath.

Dr. A. F. McKenzie (Toronto, '84) is at Nepigon, practising for C. P. R.

Dr. J. S. Draper (Toronto, '84) has formed a partnership with Dr. Sinclair of Tilsonburg.

Dr. A. Blondeau, of the Editorial Staff of *Le Progrès Médical*, died on the 27th of May.

Dr. R. N. Fenwick, of Kingston, was chosen Medical Examiner in the Ontario Council Examination.

Dr. H. B. Millard, New York, has been elected an Honorary Member of the Société Anatomique of Paris.

Dr. Henry F. Campbell, of Augusta, Georgia, is President of the American Medical Association, 1884-85.

Dr. S. Stewart (Toronto, '84) has commenced practice in Wallaceburg, Co. Kent, in the place of Dr. Summerville, who has removed to Menomonee, Mich.

Miscellaneous.

Between three and four thousand subjects are annually used in the dissecting rooms of Paris.

Omnis Penis Emplastrum Perforata translated by the *Southern Clinic*, becomes Allcock's Porous Plaster.

P. F. Ellis, M.D., in the *Texas Courier-Record* states that anything which will cause a patient to sneeze will cure him or her of hiccough then and there instanter. He generally uses a little snuff.

Uterus Perforated by the Serrated Spoon—Death.—At the NewYork Pathological Society was reported a case of submucous fibroid of the fundus uteri the removal of which was attempted by an instrument heretofore considered safe, the serrated scoop. Great difficulty being experienced in inserting the spoon between the growth and the inner surface of the uterus, scissors were resorted to and the tumour cut away piecemeal. In this instance the fundus was perforated and caused intra-peritoneal hæmorrhage, and the woman died in twelve hours. At the autopsy the fundus and also the posterior uterine wall were found perforated. The operator was unaware at the moment of penetration that he had gone beyond the base of the tumour. Two similar cases had occurred in the hands of Dr. Thomas and Dr. Hunter, both patients dying.—*N. Y. Med. Jnl.*

A newspaper reports a lecture on "First Aid to the Injured," as saying that "bleeding from the nose is neither Artillery nor Venus, it is Caterpillary."

Has anybody heard of Chian turpentine recently? Or has Chios ceased to weep its precious tears over the degeneracy of the modern age?

Dr. Thorburn, Toronto, reported a case of Dislocation and Fracture of the fourth and fifth cervical vertebræ. The injury was inflicted when diving. Death occurred on the twenty-fourth day.

Dr. White, Toronto, recollected the case perfectly. What struck him as most interesting at the time was the perfect freedom from anxiety evinced by the patient.

Dr. Hunt, Clarksburg, related a case of fracture of the fourth dorsal vertebra which lived comparatively comfortable for seven months.

Dr. Groves, Fergus, said that in these apparently hopeless cases of spinal dislocation it became a question if operative proceedure with a view to relieve compression were not justifiable.

Dr. Brown, Galt, mentioned a case of spinal injury, occasioned by being violently twisted over a waggon wheel. The injury was high up in the dorsal region. He recovered but diabetes supervened. He wished to know if this was a usual sequel.

Dr. A. H. Wright, Toronto, read a paper on the Prevention of Puerperal fever. He took as his text that portion of the recent discussion in the N. Y. Academy of Medicine, which referred to prevention. He objected to two principles in Prof. Thomas' rules. 1. The view that labour should be regarded as a capital operation. He thought preparations made with such a view had a very depressing effect. He gave instances in his own practice showing serious results of emotional influences, and believed that such results were not always temporary but sometimes led to serious lesions. 2. The advisability of prophylactic vaginal injections and the introduction of suppositories. He considered them both distasteful to the patients and unscientific on surgical grounds. In giving his own views he referred to the importance of surgical cleanliness, the dangers of stretching a slowly dilating cervix with the fingers, the necessity for depending upon expulsion for complete delivery of the child, the desirability of keeping up constant, but remittent pressure and kneading of the uterus, not so severe, however, as practised in Credé's method, and generally speaking, defended the teaching of conservative obstetricians.

Dr. Powell, Edgar, thought that the author had put his heart in the paper. In tedious labours with a rigid os the temptation was great to try digital dilatation, he had done this on various occasions, but in one or two cases developing cellulitis after such proceeding he had discontinued the practice.

Dr. Gunn, Brucefield, thought it best to wait about twenty minutes before endeavoring to extract the placenta. The cord was frequently cut too soon, the child losing an appreciable quantity of blood by too quickly cutting off the supply. To prevent entanglement of the membranes, the placenta should be extracted just at the conclusion of a pain when slight relaxation takes place.

Dr. Harrison, Selkirk, wished to be informed how one was to tell if all the membranes had come away.

Dr. Turver, Parkdale, regarded puerperal fever as a septic fever from stagnation of the blood, and advocated turpentine from its effects in dilating the capillaries.

Dr. Bray, Chatham, thought the danger of puerperal infection was reduced to a minimum by efficient contraction of the uterus. When he had obtained that he left the case satisfied.

Dr. Workman, Toronto, found that the men of the present generation were returning to the principles inculcated by him more than forty years ago.

Dr. Turver, Parkdale, read a paper entitled Studies on Uterine Displacements, exhibiting a pessary for anterior displacements; he took Gehrung's anteversion pessary, had it made of soft rubber and put an apron on its upper arms. He claimed that it acted most satisfactorily on the prinple of elastic support.

THURSDAY MORNING.

Dr. Graham, Toronto, read a paper on Idiopathic Anæmia. (See page 193.)

Dr. Arnott, London, said that he had had many cases of profound anæmia under his care. He had been moderately successful in the treatment of these by iron, arsenic, phosphorus, etc. One case resisted all means and he was in despair when his attention was directed to eucalyptus. He tried the fluid extract and improvement was speedy and decided. Since then he had used it with constant benefit in nearly all cases of anæmia.

Dr. Sheard, Toronto, had made the post-mortem on one of Dr. Graham's cases and had failed to find any nervous lesion. He thought the theory or hypothesis of Dr.

Graham's was based upon insufficient evidence.

Dr. Henry, Orangeville, suggested that as scurvy was caused by a persistent diet of salt pork, so a continuous diet of vegetables might possibly be a cause of anæmia.

The President said that there was a tendency now-a-days to refer all obscure diseases to a nervous origin. It was not surprising that in all cases they did not succeed, for so many cases of grossly perverted cerebral function existed when the *post mortem* revealed no nervous lesion.

Dr. Groves, Fergus, read a paper on Surgical treatment of Chest Effusions, in which he advocated a double opening and free drainage when pus was present. He detailed a number of cases in which this plan had been followed with the happiest results.

Dr. Powell, Edgar, had operated in many cases, and showed a plan which he had adopted for retaining a drainage tube in the chest opening. A hole was made in a piece of rubber bandage, the circumference of the opening being stiffened to prevent collapse, and a soft Jacque's catheter inserted and fastened to the rubber bandage.

Dr. Richardson, Toronto, had adopted the siphon method of draining the pleural cavity many years ago, and found it eminently satisfactory.

Dr. Temple, Toronto, had given up making a second incision, he thought when pus was already formed the entrance of air was a matter of indifference.

Dr. Hutchinson, Brussels, exhibited a case of a young girl, said to be suffering from Hodgkin's Disease.

Dr. Worthington, Clinton, read a paper on Cerebro-Spinal Meningitis, giving the history of an epidemic which had occurred in his neighbourhood some years ago. In the treatment he found ice bags to the spine and morphia and aconite internally the only means which appeared to afford relief.

Dr. Harrison, Selkirk, referred to a form of anomalous fever, which he had described a year ago—characterized by its sudden inception and by its close resemblance to typhoid, but puzzling all who came in contact with it by its peculiar recrudescences and lengthened course. He had recently seen another case occurring suddenly and with features that bore a striking similiarity to hæmorrhagic smallpox. It took on the same peculiar lengthened course, and he believed it to be a case of Cerebro-Spinal Meningitis.

Dr. White, Toronto, said that in an epidemic of cerebro-spinal fever he had met some years ago, the cases all seemed to occur along the valley of a river and to avoid the high grounds on either side.

The President added to the Committee on Nominations the following gentlemen: Drs. Macdonald, Hamilton; Arnott, London; Powell, Edgar; McKay, Woodstock; Harrison, Selkirk.

(*To be continued.*)

The Provincial Board of Health held its annual meeting in Toronto on the 30th of May. Dr. Covernton, chairman, Dr. Cassidy, Dr. Rae, Dr. Bryce, Prof. Galbraith, being present. The chairman read his annual address. Amongst the communications received was one from the Postmaster General, refusing to confer more privileges in the sending out of mailed matter. The following gentlemen were appointed members of the Board for three years, from May 1, 1884: Dr. Oldright, Dr. F. Rae and Prof. Galbraith. On the second day the committee on epidemics read a report on the recent outbreaks of smallpox. During the third session the matter of school Hygiene was taken up referring to a report from the school inspector for Haldimand in regard to the ventilating of schools. Dr. Cassidy was appointed a committee to take charge of the matter. The report on the outbreak of diphtheria at Smith's Falls was then read. It was determined to send to each municipality a specimen blank-book for report as required by the Sanitary inspectors for reporting to local boards. There being a great demand for copies of the new Health Act, the secretary was authorized to have 3000 copies of the Public Health Act printed for distribution. Specimen specifications for a system of dry removal of sewage adapted to the circumstances of small towns were ordered to be drawn up by a committee for the use of municipalities. The last session was occupied with the appointment of delegates to the Ontario Medical Association. The consideration of the question of immigration, whereby the importation and spread of infectious diseases might be avoided, and the appointment of the various standing committees as follows: On epidemics, Dr. Covernton, and Dr. Bryce; Sewage and water supply, Dr. Oldright and

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☞ Literary Communications may be addressed to any of the Editors. ☞ All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, AUGUST, 1884.

Original Communications.

THE PREVENTION OF PUERPERAL FEVER

BY A. H. WRIGHT, B.A., M.B., M.R.C.S., ENG.

Read before the Ontario Medical Association, June 4th, 1884.

A remarkable paper on the subject of the prevention and treatment of puerperal fever was read at a meeting of the New York Academy of Medicine, on the 6th of December last, by that distinguished and accomplished man, Prof. T. Gaillard Thomas. The various discussions which followed in the different societies and medical journals showed the immense interest taken in the views enunciated on this important subject. His rules for prevention will form, to a certain extent, the text of this paper.

As these are probably known to you all, I need scarcely give them in full, especially as some of the details, with reference to the preparation of the lying-in room, are for ordinary cases perfectly impracticable; but I will refer particularly to two general principles which are insisted upon:—1st. "A woman about to bring forth should be regarded in the light of a patient who was to undergo a capital operation; 2nd. Local treatment, in the shape of injections, suppositories, etc., should be carried out during and subsequent to labour.

I would like to see every obstetrician duly impressed with a full appreciation of his duties in undertaking the charge of a woman during the puerperal period; but, at the same time, I object strongly to the view that labour should be considered in the light of a capital operation. Our aim should be to avoid, as far as possible, all depressing influences, and make the surroundings of the patient as cheerful as possible. Among the many peculiarities of the puerperal period the emotional element is largely predominant, that is, as it has been expressed by Dr. Thomas himself, the "nervous system is in a plus state of sensitiveness and excitability, and influences which are very controllable in the non-puerperal state produce very evil results here." To illustrate the influence of this emotional element I will refer to some cases in my own practice. One lady, naturally phlegmatic, whom I have attended in three confinements, never had any trouble excepting on one occasion. After her second labour, which was perfectly normal, everything went on smoothly until the fifth day, when in making my ordinary visit I found her condition quite serious. She was weeping, had a severe rigor, and a temperature of 104, with pulse 125. The milk secretion and lochia were normal. On enquiry, I found she had had a dispute with her nurse, who was acting badly in various ways, but especially in her treatment of the babe. After talking to her for some time, and giving her the assurance that I would not allow the nurse to see her again, she became quiet. I gave the nurse orders not to go into the room again; went to see my patient's husband, asked him to discharge the nurse at once, and procure another. This was done, and, at the same time, a large dose of quinine was administered, and vaginal injections of carbolized water were used.

In the evening she felt well, pulse and temperature were about normal, the improvement being due, in my opinion, not to the medical remedies employed, but to the removal of the disturbing cause—the offending nurse.

In another case, I attended a lady of refinement, but very hysterical, who was progressing favourably until the sixth day, when I was sent for at 7 a.m. On visiting her I found her greatly excited and alarmed. She had passed a restless and sleepless night, pulse rapid, temperature 103.5, secretion of milk and lochia normal. She had heard the evening before an exaggerated report of the prevalence of puerperal fever in the neighbourhood ; her babe was rather restless, and she thought that she and the little one were going to die. My assurances of their mutual safety had but little effect at first, so I took possession of an easy chair, made myself as comfortable as possible, and determined to remain there until I became master of the situation, although it happened that I could ill afford the extra time required. In our conversation which ensued I managed to get away from the *interesting subject* of the rate of mortality from "child-bed fever," and in about half an hour my patient was much improved. She had been taking for some days a mixture containing quinine and ergot. I made no change in the medicine, but trusted rather to the psychical, or mesmeric influences, or whatever you may care to call them, left her in a comfortable frame of mind, and found her in the afternoon comparatively well.

In many cases I have found bad symptoms from very slight causes, which produced a disturbing influence on the nervous system, and have discovered that more good could be accomplished by the exercise of a little patience and tact, than by the various methods of pouring in remedies by the mouth and vagina; and at the same time I have in my mind one tedious and rather serious case of metritis, in which the bad symptoms, continuing for over three weeks, were often aggravated by the conduct of a stupid and injudicious, though conscientious nurse: this being only one among many which I could refer to if time permitted.

It is said by some that the fact that these nervous temperatures only last a few hours proves that they are not septic, but I think that such temperatures often lead to very serious conditions which cannot be distinguished from some forms of septicœmia. It is a difficult matter with our present knowledge to explain such results, but there may be some truth in the suggestion of Dr. Graily Hewitt, who stated at a meeting of the Obstetrical Society of London, in January of this year, that such emotional conditions might cause a momentary relaxation of the uterus, and consequent absorption of septic matter.

If it be admitted that the emotional element exercises such a great influence during the puerperal period, I think the logical conclusion must follow that the idea of looking upon labour as a capital operation is likely to do more harm than good.

The second principle involved in Dr. Thomas' directions, is the advisability of using prophylactic injections. We are told that these injections should be made every four hours after labour begins, and every eight hours after it is concluded. In addition, in six or eight hours, suppositories of cocoa butter, containing three to five grains of iodoform, should be placed under the os uteri, and this *interesting* and *delicate* operation should be repeated every two or three hours for at least ten days. This means that after a normal labour the bruised and perhaps lacerated vagina is to be invaded from eleven to fifteen times every twenty-four hours, for at least ten days, if the unfortunate patient should last so long. I can see no object for such injections during labour; in fact I think they may do positive harm by washing away the natural secretions, which have a good effect in lubricating the parts, and I see but little force in the idea that such secretions may form a nidus for the wicked little germs which are so much dreaded. It is probable however that the injections after delivery do more positive damage. In the first place they are, as a rule, distasteful to women of ordinary refinement, and may produce those emotional effects which, as I have endeavoured to show, are very injurious.

On surgical grounds, it may be shown, they are decidedly unscientific. This has been referred to by Dr. Baruch, of New York, and

the Editor of the *New York Medical Record.* Dr. Baruch has compared the condition of the internal surface of the uterus and vagina with the stump after amputation. It might, I think, be compared with any ordinary surgical wound. Let us consider, in this connection, the common principles of surgery as enunciated by Samson Gamgee, who thinks that the important points in the treatment are rest, pressure, and position, with dry and infrequent dressings. Where can rest be more essential than in the woman who has suffered the tedious pangs of parturition? There is nothing she desires more, and nothing that is more beneficial for her. The pressure which is exercised by surrounding elastic tissues probably closes, more or less, all the wounds in the utero-vaginal canal. The recumbent position, with the slight changes required in voiding urine and fœces, is well adapted for drainage. If there is no interference the dressings are certainly infrequent, and as dry as they can be under the circumstances. At the same time I may use some of the arguments advanced by the *N. Y. Record*, and say that by means of injections and the application of suppositories, clots may be disturbed opening avenues for auto-infection, lacerations of cervix and vagina may be opened, and thus prevented from healing. Fluid injected into uterus may produce shock or fever, and septic matter may be introduced by fingers and instruments

Fortunately we are not forced to depend alone on abstract reasoning, as statistics show that our patients are better without the prophylactic injections. This is especially the case in Germany, where injections were largely used at one time. Even Dr. Thomas has apparently modified his views on this subject, as he stated at the adjourned discussion in the Academy, February 7th, that he felt a little weak as to the propriety of such injections in view of the recent evidence against them.

After this imperfect discussion of Dr. Thomas' rules, I will proceed to give my own views briefly and in rather a dogmatic way.

The room and bed should be prepared with a view to comfort. There is no necessity for bare floors and walls, but all unnecessary furniture and drapery should be removed.

Strict precautions should be taken by the medical attendant to avoid carrying infection of any kind. This should include the strictest surgical cleanliness, with the use of antiseptics on hands and instruments if any be used. For this purpose there is nothing better than carbolic acid. Bichloride of mercury 1—1000 or 2000 may be used, but it has a disadvantage if you use instruments, as it is apt to injure them.

Examine your patient only when necessary, and look upon the forceps as an evil—not to be used unless actually necessary. The employment of forceps to save time for the obstetrician should be considered a criminal offence. During the first stage, or especially the latter part, circumstances may arise which require your interference, but it is no part of my intention to refer to any serious complications. I may refer, however, to one very common custom about which there is a great difference of opinion, *i.e.* the treatment of a rigid or slowly dilating os. The dilatation is, by some, assisted as a matter of routine by stretching with the finger, and it is supposed that the labour is very much shortened by the procedure. This is probably true, but it is very different from nature's plan of dilating, as the pressure of the fingers is applied to certain points, and the stretching which ensues in consequence is likely to be accompanied by slight lacerations, which are a special source of danger. I would not proscribe the method altogether, as in the hands of prudent and careful obstetricians it may occasionally be a useful expedient, but as a matter of routine practice I believe it does much more harm than good.

In the latter part of the second stage the important duties of the attendant commence. As to the prevention of rupture of the perinœum, I have no great faith in the various procedures proposed; but if it were unusually rigid, and the advancement of the child very rapid, the head should in some way be kept back; and it is possible that some good may be accomplished by drawing the perinœum forward during a pain, or pressing head towards pubes. It should not be forgotten however that the rupture is frequently caused by the shoulders after the head has passed through safely. In all cases it should be our custom to ascertain whether the perinœum has been ruptured, and, if so, to what extent.

When the head or a portion of it is born, should we render any assistance by extraction? No; decidedly not. The natural method of delivery is by expulsion, *i.e.*, by forces acting from behind. One hand should always be placed on the abdomen over the uterus, and pressure by this hand is justifiable, or in fact generally desirable, but the body should not be dragged one inch by the other hand. After the head is born there is frequently considerable delay, and such delay appears very dangerous to the child. The child will generally survive several minutes of such pressure, but it is well in many cases to expedite matters, in one way only however, *i.e.* by pressure of the left hand on the abdomen. This is, I know, a simple ordinary rule of obstetric practice, but I refer particularly to it because I have seen physicians of large experience hasten delivery by pulling on the head and shoulders. The principle involved holds good for the third stage as well as the completion of the second. We should encourage the uterus to contract thoroughly as its contents are being expelled. The large sinuses are thus closed and hœmorrhage is avoided. If we pull the child away to any extent before such contraction takes place, the cavity thus formed will probably be filled with blood. The child being expelled, we should still watch the abdomen as carefully as before. I was accustomed formerly to allow the nurse to make pressure over the uterus while I was attending to the child and the cord, but I have found as a rule that nurses are perfectly incompetent to perform this duty, and as a consequence I have lately made a different division of the work, and have got the nurse to attend to the cord with what assistance I could give with one hand, while I made pressure over, or gently kneaded the uterus with the other.

We have of course now reached the third stage, and I look upon the proper expulsion of the placenta as one of the most important points in the whole process of delivery. By using one or both hands we have almost perfect control over the uterus. Although I have always endeavoured to employ a modification of Credé's method, I have not been able to complete this stage so rapidly as he and his disciples, and indeed I have not attempted it. I keep up a certain amount of pressure constantly, and increase that pressure during the uterine contractions. I do not, however, press so firmly as Credé proposes, as it appears to me likely to do harm. I think, however, that the placenta should not be dragged, not even when it is partly in the vagina, and near the outlet, because that portion which remains in the lower part of the uterus still acts as a plug on those sinuses in the same portion which are not completely closed: and I have found that the moderate pressure applied externally in the way I have indicated, is quite sufficient, with the uterine and vaginal contractions, to complete the process of expulsion. I find on an average that this takes from 15 to 45 minutes, which in these modern days may be considered rather a long time. Some years ago I could accomplish this part of my task more quickly, but I have reason to think that while I have lost more time lately, my patients have gained a more than proportionate degree of safety.

After the expulsion of the placenta it is well to watch the uterus, particularly if it is not well contracted, for some time before applying the bandage. The application of the bandage has been considered superfluous by some, but it is probably almost universally used at the present time, and, I hope, will always be so used, as I think it a great source of safety and comfort to the patient. I have found no patent bandage, specially fitted for a genteel waist, very satisfactory, and therefore prefer a plain strip of cotton, wide enough to extend well downwards over the hips and upwards to cover the lower part of the thorax. A compress is so easily displaced that great caution should be exercised in its use.

Dr. Garrish, of New York, advises us to make the napkin which we apply to the vulva antiseptic. To that I have no objection, although I have not employed such myself. All soiled clothing should of course be removed, and our patient left as dry and comfortable as possible. I do not think it necessary that she should be confined rigidly to any one position, but may be allowed to change as she wishes. Such slight movements do not, probably, interfere with surgical rest and pressure as applied to the lacerations by the elastic surrounding tissues to

which I have referred before. As it is often rather difficult to void the urine while lying on the back, I know of no position better than resting on the hands and knees, as small or large clots frequently come away at the same time.

I have not referred to medicines, but I think it well to give a full dose of ergot at or near the end of the third stage, *i.e.*, when the placenta is partly or wholly in the vagina. I also make it part of routine practice, in a large proportion of cases, to give a mixture something like that used by Dr. Faucourt Barnes, containing quinine, ergot and sulphuric acid, with the addition of digitalis, if there be any indication for it.

My aim in this paper has been not to advance anything new, but rather defend conservative, or, it may be called, old-fashioned midwifery, in opposition to many views recently promulgated. On the 6th of December last, the gynæcologists, under the "brilliant" leadership of Prof. Thomas, made a rather vigorous attack upon the obstetricians. Things were sadly wrong, and the whole science and art of obstetrics was to be corrected and simplified. As far as puerperal fever, in all its forms, was concerned, one simple word was to explain the pathology in full—septicœmia. This was all to be avoided in the future by a washing out and suppository process, as nasty as it was unscientific. One there was in the Academy who, although probably captivated, was not captured by the eloquence of the "silver-tongued" gynæcologist. I refer, of course, to that skilled and gifted obstetrician, Dr. Fordyce Barker, whose reply to Dr. Thomas did so much in throwing proper light on this subject.

I doubt much if gynæcologists proper, who have to a large extent given up obstetric practice, are very good instructors in midwifery, The practice of their art, with its infinitude of instruments and appliances, all used with a wondrous zeal, would naturally induce them to differ in many particulars from obstetricians proper or general physicians. I have no scruples, therefore, in appealing against their decision to the body of general practitioners of this Province, fully assured that your large and varied experience, with good judgment and sound common sense, render you eminently fit to return. at least, a safe verdict.

THE OPERATIVE TREATMENT OF FLUID EFFUSIONS IN THE CHEST.

BY A. GROVES, M.D., FERGUS.

Read before the Ontario Medical Association, Hamilton, June 5th, 1884.

Mr. President:

Up to a comparatively recent period the profession looked upon operative measures for the removal of fluids from the pleural cavity as not being indicated, except in very rare cases, and then only when life was in most extreme peril. Druitt, so late as 1859 says, that Paracentesis for hydrothorax depending on organic disease would do no good, and except for effusions of blood or pus he does not appear to look with much favour upon operative procedure. This had been the general teaching up to the time of Trousseau, who was the first to lay down the proposition that large effusions ought to be drawn off before dangerous symptoms arose. Before Trousseau's time a patient sick of pleurisy was treated on the so-called antiphlogistic system, general and local blood-letting, calomel internally and mercurial ointment externally. Strong purgation with powerful diuretics and diaphoretics and a few blisters if signs of life were still visible. If the patient survived the attacks of his disease and of his physicians all was well, but if he died, or recovered with the functions of a lung more or less completely destroyed, it could not be denied that the treatment had been sufficiently vigorous.

It is, of late years, pretty generally admitted that such treatment is, as a rule, not only useless, but positively injurious. There are no remedies on which much reliance can be placed for promoting the absorption of pleural effusions. Niemeyer, twenty years ago, laid down this dictum, that "it is questionable whether it be possible, by any therapeutic means, to bring about the conditions upon which the absorption of pleuric effusion depends." He further says, "concerning our slender ability to excite or even to hasten re-absorption of pleuric effusions by means of internal medication, the discovery that their evacuation by surgical means is attended by much less danger than was formerly supposed and the frequent and early practice of such operations in cases of pleurisy with effusion must be considered an important advance

in therapeutics. It must be evident that every additional day during which the lung is exposed to pressure, and the longer the time allowed for cells to multiply in the exudation so much the more are the chances of complete recovery diminished and the danger of a fatal termination increased." The fluid should be removed early, but the exact time cannot be laid down in the form of a general rule applicable to all cases. When in doubt it is better to operate.

The operations that may be necessary are:—1. Tapping with or without so-called aspiration. 2. The insertion of a drainage tube. 3· A free opening with the removal of a portion of one or more ribs.

Simple tapping is indicated:—1. In cases where blood is poured out to any considerable extent in the pleural cavity. 2. In all cases of simple hydrothorax, when the breathing is much interfered with. 3. In allcases of pleurisy when the amount of effusion in one or both pleuræ has a marked effect on the respiration. 4. In all cases of pleurisy when the effusion, even although moderate in amount, does not within a short time appear to be rapidly undergoing absorption. 5. Perhaps in some cases of pus in pleural cavity.

The insertion of a drainage tube is indicated in most cases where pus exists.

The removal of a portion of one or more ribs may be indicated where operative treatment has not been nndertaken until the lung has become so bound down that it cannot expand, and that the falling in of the chest wall will be facilitated by shortening the ribs.

In performing paracentesis thoracis it is necessary:—1. That the patient should be in the recumbent or semi-recumbent posture. 2. That if a patient complains of a feeling of constriction no more fluid should be drawn at that sitting. 3. No more fluid should be withdrawn than will flow without the use of suction or aspiration apparatus. 4. Air should not be allowed to enter the pleural cavity.

The rule that the patient should invariably be placed in the recumbent posture is not, I believe, always insisted upon, but when it is recollected that the sudden emptying of a distended bladder by means of a catheter has, when done in the erect posture, been followed by fatal syncope, it will be admitted that the rule above given ought to recommend itself to the careful practitioner.

Rule No. 2 will be found in practice to be so self-evident as to need no demonstration. As regards the quantity that should be removed at once I am of opinion that only what will flow freely without pumping should be removed. Murchison and Bowditch state that only sufficient to relieve the mechanical distress should be withdrawn and that then the natural powers of absorption will begin.

The instrument I prefer for tapping the chest is a small trocar and canula, so constructed that rubber tubing can be attached, the free end of the tube being kept constantly under water so that air cannot possibly enter the pleural cavity. The fluid flows partly by gravitation but mainly by the pressure exerted by the contracting chest walls and the expanding lung. With a trocar of proper size there will not be the slighest difficulty in removing all the fluid that ought to be taken away, and I would recommend such an instrument rather than any of the more complicated aspirators. The exact point at which the puncture is made is not a matter of vital importance, although Erichsen lays down the rule that it should be in the fifth intercostal space at a point crossed by a line drawn horizontally from the nipple towards the spine. I would recommend that the puncture be made as low down as possible so that the lung as it expanded would not come in contact with the canula, as patients usually complain as soon as this takes place. Before inserting the trocar a hypodermic needle should be passed at the proposed point for operation in order that no doubt may exist that fluid will be found at that particular spot.

This should never be neglected for it is bad surgery to pierce the side with a trocar and find no fluid. Of course the trocar and canula should be passed close to the upper border of a rib, and when it is removed a small piece of batting with adhesive plaster completes the dressing.

In cases where it is found necessary to insert a drainage tube I have found it most convenient to make an opening about half or three quarters

of an inch in length along the upper border of the seventh or eighth rib, and through this a Simpson's sound is passed downward and backward. It is then pressed against the thoracic wall, as low as convenient, and being felt through an intercoated space it is cut down upon and its end protruded. The drainage tube is then attached by means of a piece of cord and drawn through. It is important to have the inferior opening at the lowest possible point so that no accumulation of pus can take place. The cavity should be thoroughly washed out three or four times daily with warm water to which a disinfectant may be added if required. In all cases, whether of simple tapping or of drainage of the chest, great benefit follows the regular administration of iron as advised by Anstie.

The following cases may be of interest as illustrating the methods above advocated :—

Case I.—Young man, aged 17 ; father died of some lung disease. Had a considerable quantity of fluid in left chest, breathing greatly embarrassed—was supposed to be dying. Removed between 30 and 40 ounces of fluid, with immediate amelioration of the symptoms. The fluid did not re-form, and the patient made a good recovery, with full expansion of the lung.

Case II.—Youth aged 15, healthy family. Found right side of chest with considerable effusion of fluid, which had probably existed for some length of time, as he had gone through a regular course of that variety of treatment which is popularly supposed to carry off abnormal collections of fluid. In consequence partly of disease, and partly of treatment, his condition was not favourable.

Sixty-four ounces of fluid were removed with marked relief, but the fluid re-formed to some extent, so that it was found necessary to operate again in ten days, when 20 ounces were withdrawn, and no further accumulation took place. The lung expanded very slowly, probably on account of its having been so long compressed, but finally perfect recovery took place.

Case III.—A girl aged 8 years. Sick a week, had moderate effusion, with considerable difficulty of breathing. Tapped right chest, removing 12 ounces of fluid, with most marked relief. Distressing symptoms at once subsided, and with perfect rest for a few days, patient made an excellent recovery.

Case IV.—Young man, aged 20. Fluid collection had existed about a month. Operated on left chest, removing 10 ounces of fluid, with immediate improvement, appeared to be rapidly recovering. Some 10 days afterwards went out with some young people, came home after dark, took a severe chill, developed pneumonia of right side, and rapidly succumbed.

Case V.—A female, aged 60. Large effusion in both pleuræ from Bright's disease, entirely unable to lie down on account of difficulty of breathing. 160 ounces of fluid taken from right side of chest, when she was at once relieved, and went to sleep in the recumbent position, which she had been unable to do for several days previously. Of course, her kidney disease progressed to a fatal termination.

Case VI.—A boy, aged 10. Had been out of health for some weeks ; loss of appetite, shortness of breath, etc. Found right chest contained fluid, and accordingly operated, removing 30 ounces. No re-accumulation, but progressive recovery.

Case VII.—Patient, male, aged 21. Large collection of fluid in right chest; removed about 80 ounces of a semi-purulent fluid which had collected anew in 12 days, and was found to be purulent. Put in drainage tube, when a very large quantity of pus escaped. Cavity washed out regularly with weak carbolic lotion. Temperature on third day normal, and recovery went on uninterruptedly.

Case VIII.—A girl, aged 16. Right side of chest flat on percussion, more than half way up. Removed 34 ounces of fluid, no re-accumulation took place, and she progressed rapidly to recovery.

Case IX.—Male, aged between 40 and 50 years. Had been sick about three weeks. Hectic symptoms, slight chills, and constantly increased temperature. Usual signs and symptoms of fluid in right chest cavity. Took out a little with hypodermic needle, and found it to be pus. Next day put in a drainage tube, when an immense quantity of purulent matter escaped. Recovery, with good use of lung, ensued.

Case X.—Male, aged 32. Had been sick for several weeks. Found ordinary signs of pus in

the pleural cavity, and on passing hypodermic needle, withdrew a syringeful of purulent fluid. Put in at once a drainage tube, when a large quantity of fluid escaped. Recovery followed, with some falling in of chest wall.

Case XI.—Female, with tubercular disease of left lung pretty far advanced. Fluid formed and rapidly filled left pleural cavity, with flatness extending from base to summit behind. Removed nearly a gallon of fluid, which re-accumulated in a very short time. As the fluid collected so rapidly, and the patient's breathing was so much impeded, I put in a drainage tube, which greatly relieved her symptoms. The discharge rapidly diminished, of course, becoming purulent. She finally died some four months afterward, of her ever-progressing lung disease.

Case XII.—Male, aged 36. Had been sick two weeks. Found left side half full of fluid. Operated at once, removing 40 ounces of fluid with immediate relief, followed by uninterrupted improvement and perfect recovery.

SANITARY DISPOSAL OF THE DEAD.

BY N. AGNEW, M.D., WINNIPEG, MANITOBA.

At the present time, when the medical world is about as much occupied with the prevention as the cure of disease, the safe and decent disposal of the dead is a sanitary question of very great importance. The question resolves itself into:—How is the most hallowed respect to be paid to the dead, with due regard for the health of the living; and without the risk of defeating the ends of justice in certain cases?

Although the most sacred associations cling around interment in mother earth—"dust to dust, ashes to ashes"—and although that most ancient system is quite sufficient, and affords adequate protection in small towns or hamlets, or in the country, it is ill adapted for large cities. To meet this great and growing difficulty, cremation has been proposed; but such a mode of disposal is so repugnant to the feelings of most people, that it is not likely to commend itself to universal favour.

Without further preface, I propose a plan of disposal which, I believe, would conserve the holiest of human respect for the remains of dear departed ones, and, at the same time, afford absolute safety to the living. I propose that the body be enclosed in a suitable hermetically-sealed coffin of lead or iron, and placed in an open-work casket of iron, of considerable weight:—That a funeral ship be constructed, of a size sufficient to meet the requirements of her district:—That the dead be placed in her, as in a dead-house, and that she make weekly or semi-weekly voyages to the nearest great ocean depression, and there, with becoming reverence, let the dead be committed to the "Great Deep." The weight of the external casket would protect the body, and ensure its being carried to the bottom, where nothing would disturb its repose. Friends could attend with little, if any, more inconvenience than ordinary funerals are attended, and see the remains of loved ones consigned to their last resting-place.

Whilst ocean burial should be no more painful to the feelings than interment, it is surely less revolting than cremation, and is incomparably safer than either. There are objections to cremation, *per se*, and difficulties in the way of carrying it out on a large scale; but I do not propose to deal with these. I simply propose ocean burial as well adapted to great seaport cities, such as London, Liverpool, and New York, and generally applicable on account of railway facilities; absolutely safe, even in the case of a probably impending cholera epidemic; less revolting to the feelings of the bereaved than other modes of disposal; and, lastly, as a means of making funerals inexpensive.

THE TREATMENT OF HÆMORRHOIDS.

BY JOHN FERGUSON, M.A., M.D.

In the following short article, I intend only to give my own experience in the management of this troublesome affection, by injection of carbolic acid.

The solution used in all cases consisted of acid carbolic, ℥ x; glycerine, ℥ L; and water, ℥j. Of this mixture from five to ten minims are injected once or twice a week according to the symptoms which may be caused by the treatment.

The hæmorrhoids are brought well into view

by relaxing the sphincter gently ; and by a bearing down effort on the part of the patient.

The syringe, charged with the requisite amount of the mixture, is inserted steadily and deeply into the tumor; but at the same time somewhat parallel with its surface. As the injection is being made, the syringe is slowly withdrawn, so that the solution is not all deposited in one place, but left in the track of the needle. This is of some importance in preventing sloughing. The hæmorrhoid at the point where the needle was inserted is pinched up by the finger and thumb to prevent bleeding and escape of the fluid.

Mr. "One," aged 53, and of poor general health, was a great sufferer from hæmorrhoids. The above treatment was commenced. At first the injection was made once a week ; but after a short time twice a week. On a few occasions he complained of a dull aching pain in the perinæum, but nothing more. There was no sloughing. In five weeks the tumors were so shrivelled that they could not be injected with satisfaction. The treatment was dropped at this point. After a lapse of about eight months there was a slight return in two of the tumors. These were again treated as before, each receiving in all four injections. Nearly a year has now gone by without any further return. This patient had suffered almost steadily for about five years. The person was permitted to go about all the time.

Mr. "Two," aged 31, was a strong, plethoric person, and engaged in an occupation where he had to lift and carry heavy weights. He had suffered for about two years. The tumors in this case were very painful. I saw him for the first time when they were acutely inflamed. He objected to having them operated upon ; and so the injection method was proposed and assented to. The first injection was made into the largest and most painful tumor, with the effect of giving a great deal of relief. Thirteen injections were made in all. There was no pain at any time. Only one very small slough came from the centre of one tumor. No relapse in fifteen months.

Mrs. "Three," aged 33, has had four children. For about three years she has suffered greatly. She assented to the treatment by injection. The injection was made once a week, and the whole treatment occupied thirteen weeks. There was very little pain at any time ; and the patient did her house duties all the time. No sloughing, nor relapse.

Mr. "Four," aged 58, was an extremely bad case. The tumors were large, fleshy looking masses. Eleven weeks were consumed in the treatment; and twenty injections given. The piles in this case had lasted for a great many years; but for the last four, the patient had done almost no work, owing to the pain and irritation they caused. The tumors have completely disappeared, and the sphincter ani is much stronger and less relaxed than it was.

In all, seven cases have been thus dealt with. In none has there been any evil result. No abscess formed in any case. The pain from the treatment does not deserve mention. In only two was there a slight amount of sloughing which healed up well. The first case is the only one in which there has been the slightest tendency to a recurrence of the complaint.

In all cases I would strongly advise the use of only a small amount of the injection at first, until the characters of the rectal tissues, and the sensitiveness of the patient be discovered, as no rules can be laid down on these points.

There is nothing new about this treatment. With proper care, judging from my experience, this mode of treatment is both safe and painless. It is well known that some surgeons, especially Allingham, does not favour this procedure very much; but at the same time these surgeons are so much engaged in pushing some operation of their own, that it is to their own interest to decry all else.

In the above account the histories of the remaining cases are omitted simply to save space, as they all present much the same phenomena as the four that have been detailed. That an occasional misfortune may happen in this mode of treating hæmorrhoids I do not pretend to deny ; but who has practised any of the other methods of cure without at times meeting with other than pleasant effects? Still, weighing fact with fact, I am sure that to any one who may employ the carbolic acid, carefully and perseveringly, the results will not be disappointing.

Selections.

Dr. Julius Althaus concluded a lecture on the cause of locomotor ataxy, as follows:—"In conclusion, let me for one instant draw your attention to the practical deductions which appear to follow irresistibly from the facts I have brought before you. I hope I may have succeeded in showing that, in the vast majority of cases of locomotor ataxy, syphilis is the cause of the complaint—syphilis which has not been sufficiently treated in the beginning, and which might never have led to such results if it had been more energetically combatted at the time of its first appearance. Allow me, therefore, most earnestly to entreat you to take syphilis well in hand at the earliest stage of its appearance, when it is much more under our control than at a later period of its existence; and do not rest in your endeavours until you have good reason to believe that the very germ and vestige of that horrible poison has been thoroughly uprooted and destroyed. Examine such of your patients as have had secondary symptoms, from time to time, for the knee-jerk, loss of which I believe to be the first symptoms of tabes; and, should you fail to elicit it, take it as a warning that locomotor ataxy has pushed forward its outposts, and is on the point of invading the system. Do, then, your best to obstruct its further progress by every means in your power; and let us thus, by suppressing that terrible and painful malady, tabes, add one more triumph to the victories of preventive medicine."—*British Medical Journal.*

MILK IN SCARLET FEVER.

Mr. W. H. Power's report on an outbreak of scarlatina in certain districts of London, published in the newly issued twelfth report of the Local Government Board, contains a remarkable and somewhat alarming hypothesis. The outbreak in question was distinctly connected with milk obtained from a farm near Farnham, in Surrey; but no scarlet fever, nor any illness in the remotest degree resembling it, had occurred at this farm; yet the evidence is pretty conclusive that the milk was contaminated with the contagion of scarlet fever before it reached Charing Cross Station. Mr. Power was thus led to start the theory that the milk was infected by the cow itself, and, as a corollary of this, that a cow may be able to transmit the poison of scarlet fever without herself manifesting any signs of disease. This theory has been, to some extent, supported by some experiments made by Dr. Klein, who has found that, if a cow who has recently calved be inoculated with human scarlatina, she is affected by an ailment not accompanied by fever, or by any alteration in the quantity or visible qualities of the milk; this ailment was, in Dr. Klein's opinion, transmissible by inoculation of an infinitesimal quantity of pus to the dog, and there was evidence that the induced disease in the dog could be transmitted to other dogs. The line of research suggested is undoubtedly of great importance, but the facts at present in our possession are hardly sufficient to allow us to come to a decision.—*British Medical Journal.*

THE ACTION OF CARBOLIC ACID, ATROPIA, AND CONVALLARIA ON THE HEART OF THE FROG AND TERRAPIN.

Dr. H. G. Beyer, has made some experiments at the Johns Hopkins' University, and has been able to draw some very important conclusions as to the action of these drugs on the heart of the frog and terrapin.

I. Carbolic acid acts as a cardiac depressant from beginning to end. Any effects produced by carbolic acid other than depressant are due to other causes, probably to primary stimulation of the respiratory centre in the medulla.

II. Atropia. Dr. Beyer has added strong additional proof to the powerfully stimulant influence exerted by this drug over the action of the heart.

III. Convallaria. From the large number of experiments with convallaria on the heart Dr. Beyer formulates his conclusion as follows:

1. It increases its rate.
2. Slightly increases the work done.
3. Raises intra cardiac and aortic pressure.
4. Arrests both auricles and ventricles in systole.
5. Large doses arrest the heart at once.

6. Produces its results most probably by its direct action on the muscular substance of the heart.

7. Has a very decided cumulative action, acting much slower than digitalis, and being much more persistent after the heart has been once brought under its influence.

Dr. Beyer does not think that the drug is indicated in all forms of cardiac disease. He concludes that it is certainly and decidedly contra indicated in very far advanced cases.

On account of its cumulative action he recommends only one or two full doses in the twenty-four hours, and that preference should be given to convallaria.—*Medical News.*

Dr. Dollinger, of Budapest, in concluding a lecture on massage, gave the following general indications where it may be found useful:

1. To lower extreme sensitiveness of the peripheral nerves.

2. Where we wish to aid circulation and increase the nutrition of a certain part of the body, or where we wish to direct the stream from another part.

3. To assist in absorption of blood extravasations, and serous effusions.—*Wien. Med. Woch.*

Treatment of Eczema of the Head.—M. Lassar recommends as a specific in eczema of the head, in children and adults, inunctions repeated two or three times a day (after previously cleansing the head with soap and water) of a mixture of vaseline and two or three parts percent of salicylic acid, and five parts percent of tincture of benzoin.—*Jour. de Med. de Paris.*

Dr. Cory's Vaccino-Syphilis Experiments.—With a desire to settle for himself the vexed question whether vaccine-lymph taken from a syphilitic person, if unmixed with the blood of the vaccinifer, does not contain the syphilitic virus, and is incapable of imparting syphilis by its inoculation, Dr. Cory made at intervals four separate experiments on himself with lymph derived from obviously syphilitic children. The fourth experiment was successful; and Dr. Cory had to endure in the cause of science, all the pains and penalties of syphilitic inoculation. His experiences conclusively prove, in the opinion of the committee, which consisted of Dr. Bristowe, Dr. Humphry, Mr. Hutchinson, and Dr. Ballard, "that it is possible for syphilis to be communicated in vaccination from a vaccine-vesicle on a syphilitic person, notwithstanding that the operation be performed with the utmost care to avoid the admixture of blood." This, it will be observed, is an absolutely new departure from the hitherto accepted view of English writers that vaccine-lymph could by itself propagate nothing but vaccinia, from however diseased a subject the lymph might be derived.—*British Medical Journal.*

APPLICATION FOR TINEA CAPITIS.

℞ Acid Pyrolig.....1000 gr.
Hydrarg. Oxid. Rub. ..... 2 "
Acid Salicylic..... 1 "

℔ To be carefully applied. It may be necessary to apply it at intervals of some days for five or six times.—*Journal de Medicine.*

Prof. Palmer, of Michigan University, prescribes kousso, which is a most efficient tæniafuge, in the following form:—

℞ Eth. ex. male fern .....℥ss.
Pulv. kousso .....℥ii.
Confection senna q.s. to make pills. iii.

Patient should abstain from food for twelve hours, then take a pill every hour, followed by a dose of castor oil.—*Pharmaceutical Record.*

BACTERIA—SOME RECENT RESEARCHES.

The firmness of the hold which bacteria, and all that relates to them, have taken on the mind of scientific investigators may be accurately measured by the number and length of the contributions to periodical medical literature. A grand discovery, like a hugh wave, is invariably followed by a succession of smaller undulations of varying size, which are of value in their own way. If complete reliance may be placed on the conclusions of M. Pasteur's recent work on Rabies, we may indeed congratulate scientific vivisection on having achieved a position which

not only conclusively establishes its *raison d'être*, but ought surely to silence the unreasonable demands of the anti-vivisection movement.

The first communication to which we draw attention is one by Osol on the virus of charbon. He has studied the influence which the injection of charbon blood, deprived of its spores and bacilli by boiling, has on the animal organism. Large injections were made on rabbits and mice, with properly cleaned syringes. Other animals used as control subjects were inoculated with minute quantities of the charbon virus. Some steralised broth was also inoculated with some of the reduced virus, kept in an incubating stove. Finally, the blood of the sheep and horse, taken from healthy animals, was subjected to the same manipulations as the charbon blood, and then injected in the same doses as the latter into mice and rabbits. Animals inoculated with the charbon virus previously boiled have perished in from three to six days. Their blood and glandular organs, examined immediately after death, contained in a quarter of the number of cases the bacilli characteristic of splenic fever. Inoculations with the blood from animals dead of the induced disease on sterilised culture liquids led to the development of typical forms of bacillus anthracis. The same blood syringed under the skin of rabbits and mice led to the death of this second batch, bacilli being also discovered in the blood and viscera.

M. Zahn has made fresh researches on the blood of rabbits, cats, sheep, and calves, tending to prove that the blood of healthy animals does not contain the germs of putrefaction.

M. Hauser has searched for micro-organisms in living healthy tissues. The conclusions arrived at were to the effect that micro-organisms do not exist in healthy tissues.

Beltzow has examined five cases of pyæmia and one of pyosepticæmia, with a view to clearing up the nature of the germs associated with these diseases. He has found that the organs of human subjects dead of pyæmia contain, besides colonies of cocci, a considerable number of bacilli which belong to two distinct morphological varieties. One of these has a distinct resemblance to the bacilli of malignant œdema, and the others have dimensions intermediate between the bacilli of tuberculosis and the bacilli of the septicæmia of mice. In one case only, by the side of the cocci and bacilli, in the liver, colonies of leptothrix buccalis were discovered blocking the capillaries of the gland.

Baumgarten has given the following method for the pure cultivation of the bacilli of tubercle. A tubercular nodule rich in bacilli, removed with due antiseptic precaution from a living animal or human cadaver, is transplanted into the anterior chamber of a rabbit's eye; as is well known under these circumstances, no inflammation follows. The transplanted nodule perceptibly augments in volume, and is allowed to do so for from eight to fourteen days. Microscopical examination shows that the increase in size is due chiefly to the germination of bacilli, and, at the same time, that the histological elements have undergone corresponding atrophy. If portions of this premier nodule be inserted into the anterior chamber of the eye of another rabbit, and so on for a series of rabbits, a time comes when an absolute pure culture of tubercular bacilli is obtained. The successive inoculations required by this procedure set up specific inflammatory lesions of the eyes, followed by generalized tuberculosis.

Falk has observed that putrefaction destroys virulence of the tubercular virus.

Baumgarten has fed rabbits with milk in which tubercle bacilli has been held in suspension. After a single meal of from fifty to forty grammes of this milk, the rabbits presented, with a remarkable constancy, tubercular infiltrations of the mucous coat of the intestine, mesenteric glands and liver. The more charged the milk was with the bacilli, the more extensive were the resulting lesions. In some of these latter cases the vermiform appendix and large intestine were eaten through with caseous ulcers, on the edge of which tubercles with epithelioid cells stuffed with Koch's bacilli were to be found. At the surface of the tonsils there also existed, in some cases, ulcerated lesions infiltrated with bacilli. Baumgarten believes that infection takes place at the upper end of the digestive tract.—*The Lancet.*

"PROFESSIONAL FEES IN PITTSBURG.—A little over a year ago, Dr. R. S. Sutton performed enterotomy on a lady of this city. He removed

four inches of the small intestine, united the ends by suture, and left the intestine in the cavity of the abdomen. The lady recovered and is still living. Her husband was reported to be wealthy. Dr. Sutton charged a thousand dollars for the operation and twenty-two days' attendance. He refused to pay, and Dr. Sutton brought suit. The action closed before the jury on the 28th of April, and they returned a verdict for three hundred and thirty dollars for the services rendered. Some of the learned jury, we are informed, thought that ten dollars would be a fair price for the operation, and one of them thought that as he had once paid a doctor thirty dollars for an operation, that this sum would be about right. They each put down the amount they would allow, and divided the aggregate sum by twelve, and fixed that amount as the verdict."

ENTERECTOMY AND ENTERORRHAPHY IN GANGRENOUS HERNIA.

In performing the operation the following points should command the most careful attention:

1. To prevent effusion, the lumen of the gut must be temporarily occluded. This may be accomplished with a provisional catgut or silken ligature, but this method is open to the objection of throwing the intestine into folds which interfere with the proper insertion of the sutures. The occlusion may be effected with a clamp or forceps, or, still better, with the fingers of assistants, as advised by Billroth, Fischer, Gussenbauer, Czerny, and Ill.

2. If gangrenous, a triangular portion of the mesentery should be removed, and the edges united by suture after the vessels are secured; if sound, it may be ligated in mass. In either event, the mesentery must not be separated from the bowel beyond the points of severance of the latter, lest gangrene of the edges of the wound ensue. Rydygier advises that the mesentery receive attention after the intestine has been resected, but in this he has no followers. The gut should be divided at a right angle to its axis, unless one end is smaller than the other, when the cut should be made at an acute angle.

3. The most important step of the operation is the insertion of the sutures, the material for which, in the present state of our knowledge, should be pure silk soaked in a proper solution of corrosive sublimate. The safest and most efficient mode of uniting the severed ends of the gut is with what is known as the Czerny-Lembert suture. This consists of an inner row of stitches, which are inserted at a distance of one-eighth of an inch from one another, and which include all the coats of the bowel, and an outer row, not so close together, each of which includes the serous covering only, and constitutes the classical suture of Lembert. If it should happen that the mucous membrane protrudes too much, as it may through the retraction of the muscular tunic, it should not be cut off on a level with the latter, as advised by Ill and Rydygier, but the inner row of stitches should be applied in such a way as to exclude it. Finally, the accurate approximation of the edges of the wound will be greatly facilitated if the first suture be inserted on the mesenteric side of the intestine, and the second at a point directly opposite.—*Medical News.*

CELLULITIS OF THE NECK.

Strange to say, cellulitis of the neck, although a most important and dangerous affection, is not even mentioned in the text-books on surgery. Yet a glance at the anatomy of the neck is sufficient to show how important is this disease.

When inflammation of the cellular tissue of the neck takes place, serum and pus are effused under the cervical fascia, giving rise to severe and dangerous pressure, not only on the larynx and trachea, pharynx and œsophagus, but also on the large blood-vessels passing to and from the brain, and on the sympathetic and pneumogastric nerves. As Mr. H. G. Croly of Dublin says, when writing of this affection, "Diffuse inflammation of the areolar tissue of the neck is one of the most serious and fatal forms of disease which the erysipelatous type assumes."

Causes.—The causes of cellulitis of the neck may be divided into predisposing and exciting, the former being the same as in all other erysipelatous inflammations. In fact, this disease may be predisposed to by anything that tends

to lower the general health, such as want of attention to hygienic conditions, intemperance, want of proper food, and also the opposite extreme, namely, overfeeding combined with deficient exercise.

Diseased states of the blood, especially those occurring in Bright's disease and in the gouty diathesis, predispose to erysipelas, and therefore to this disease. In many cases, however, the disease comes on suddenly in strong healthy persons without the previous existence of any of these conditions. The exciting cause is always exposure to wet and cold. The disease, therefore, almost always occurs in winter, and is most prevalent in low damp situations. Cellulitis of the neck, unlike other erysipelatous diseases, is rarely, if ever, traumatic, and is, probably, never due to infection.

Symptoms.—The symptoms of the disease are always well marked and characteristic. For a few days before the local symptoms become established, the patient complains of a general malaise, there are frequent chills, with a feeling of great languor and inability for all exercise. A dull aching pain in the back is almost invariably complained of. At the same time there is a severe headache; the tongue becomes thickly furred; there is a nausea, and occasionally vomiting, and the bowels are obstinately constipated. The temperature is always above normal, but rarely exceeds 102° Fahr. After the general symptoms have lasted from twenty-four to forty-eight hours, the local symptoms set in. The patient now complains of severe pain in the neck; there is some pain and difficulty in swallowing, especially solids, and there is a clear, ringing, metallic cough, very like that heard in the first stage of croup. Then the neck becomes swollen, the swelling extending from one angle of the jaw to the other, and then downwards along the sterno-cleido-mastoid muscles to the clavicle. In a small number of cases the swelling is unilateral, and then extends from the angle of the jaw downwards to the inner end of the clavicle. The right side is, I believe, invariable affected when the disease is unilateral. The swelling is at first tense and elastic, but, after about twenty-four hours, it becomes soft, has a brawny feel, and pits on pressure. The neck has now a most characteristic appearance. When looked at from the front, it is seen to be considerably swollen from the jaw down to the clavicle, while the centre of the swelling presents a horizontal depression corresponding to the attachment of the cervical fascia to the os hyoides. This gives to the swelling an appearance exactly as if a muff had been twice folded round the neck. When this brawny feeling of the tissues is established, the symptoms of the disease become greatly intensified, as now effusion of serum and pus has taken place beneath the deep cervical fascia, and is exercising injurious, and, if not relieved, fatal pressure on the deep structures of the neck.

There is now great difficulty of breathing, in bad cases amounting to orthopnœa, while the voice is a mere whisper, or there may be complete aphonia. The patient is entirely unable to swallow solids, and occasionally even fluids, these regurgitating through the nose when attempts are made to swallow them. The pressure on the veins of the neck retards the return of the venous circulation. The face, therefore, becomes congested and livid, while cold clammy drops of sweat collect on the forehead. At the same time congestion of the brain takes place, giving rise to great anxiety, restlessness, and occasionally to delirum.

In cases where the effusion extends underneath the sterno-cleido-mastoid muscles, serious pressure is exercised on the sympathetic and pneumogastric nerves, which greatly increases dyspnœa, and gives rise, at first, to violent and irregular action of the heart, and afterwards to great weakness of the organ.

If, when effusion has taken place, the tension be not relieved by free and deep incisions into the cervical fascia, œdema of the glottis may set in and prove rapidly fatal; or the dyspnœa may gradually increase, and the patient die comatose from carbonic acid poisoning; or, what still more frequently happens, sudden spasm of the glottis may occur, the result being suffocation. Even if these dangers be avoided, deep and destructive sloughing of the tissues of the neck will take place, if the matter be not allowed free vent.

There is never any difficulty in diagnosing this affection. The characteristic appearance

of the neck, the brawny feel of the tissues, and the subsequent pitting on pressure, distinguish it from every other disease found in this region. In this disease, although there is abundant effusion of serum and pus, fluctuation is never obtained. This is due, I believe, to the fact that the effusions are always situated under the deep cervical fascia, which binds them down so firmly that we cannot detect fluctuation.

Pathology.—This disease consists essentially of an erysipelatous inflammation of the areolar tissue, which fills up the spaces between, and connects together the deep cervical muscles. This tissue rapidly breaks down, giving rise to sloughs, while at the same time serum and pus are effused into the intermuscular spaces. As nearly all this mischief takes place beneath the deep cervical fascia, which is dense and unyielding, we can at once see what an amount of pressure is exercised on the important anatomical structures of the neck, and how necessary it is to give relief to this pressure by free incisions.

Treatment.—Of all the diseases to which man is subject, none require more prompt treatment than cellulitis of the neck; for if relief be not afforded by surgical means, the disease is almost necessarily fatal, or if recovery do chance to take place without operation, it will only be after sloughing has set in, and extensive disorganization of the muscles of the neck has taken place, which will give rise to stiffness and great deformity. From the first our treatment should be such as to support the strength of the patient, and all remedies which tend to lower the powers of the system should be carefully avoided. It is to be remembered that the patient is suffering from a disease of a highly asthenic type, and will also have to pass through a period of prolonged suppuration before recovery takes place. Lowering treatment also tends to increase the chances of pyæmia occurring. The patient should have a good purgative at the commencement of the disease, as the bowels are always constipated. He should then be placed on a mixture containing chlorate of potash combined with tincture of the perchloide of iron, or nitric acid with decoction of cinchona. It seems to me that a combination of chlorate of potash with tincture of iron has a peculiar and most beneficial effect in all erysipelatous diseases, and I now invariably prescribe it. At the same time, plenty of milk, beef-tea, chicken broth, and raw eggs and brandy should be given. Overstimulation, however, is to be carefully avoided, and the quantity of brandy should be regulated by the amount of asthenia present. If the patient cannot swallow these articles they should be given in the form of enemata. If given thus, the benefit to the patient will be greatly increased by the addition to each enema of a little pepsine and hydrochloric acid about half an hour before it is administered. Local applications, as large linseed-poultices, hot fomentations, and poppy-stupes should be applied as they relieve pain and tension. However, all these measures are of small importance in comparison to the surgical treatment, as they have little or no curative power over the disease, and if they alone be used the patient will probably die. As Mr. H. G. Croly says, "The symptoms are urgent and alarming, and if relief be not afforded by prompt and bold surgical aid, the patient may be suffocated."

As soon as the brawny feeling of the tissues, with pitting on pressure, sets in, free and deep incisions should be made into the cervical fascia. When these incisions have been made, the relief which they give is immediate, even though no serum or pus escape; as the cervical fascia, being divided, stretches and tears, and the tension is thus greatly lessened. I have seen patients who had almost complete aphonia and dysphagia able to speak and swallow in five minutes after incisions had been made, and this even though no fluid escaped.—*Mr. Harrison Younge—British Medical Journal.*

RAPID CURE OF SOFT CHANCRES.

Exceptionally, chancroids heal in fifteen days. The greater number require from four to six or even eight weeks, and some even take three or four months. After many trials, Ricord found the best results from dressing with nitrate of silver, solution 1 in 30; then the tartrate of iron and potash, and more lately iodoform.

Hebra has lately promised an entire cure in a few days by the topical employment of salicylic acid. He begins by carefully cleansing the penis with warm water, removing all crusts

and dried pus and trace of former dressings; for the latter he uses oil and spirit of soap. On the cleansed and dried penis salicylic acid is applied in a manner to cover only the sore and a very narrow margin. The healthy skin, as far as possible, must be preserved from all irritation which might favour auto-inoculation. The salicylic powder is maintained in place by a thin layer of wadding fixed by a band of adhesive plaster. If the suppuration is not very abundant it is sufficient to renew the dressing once in 24 hours—otherwise morning and evening—taking care to wash the wounds thoroughly each time.

After the end of the first day the ulceration is covered by a whitish scab, while the neighboring margin of skin is slightly reddened. The scab increases in thickness, and by the third day the salicylic powder may be discontinued, and a simple ointment applied and kept in position by wadding and adhesive plaster. Usually the scab falls in half a day, leaving a simple wound, deprived of virulence, which only takes two or three days to heal completely. This method acts without causing pain, and is of very great cleanliness. The most important advantage is the suppression or abortion of buboes.

Dr. Barthélency, in reporting this communication for the *Union Médicale*, justly says that the method is worthy of trial.

COW'S MILK FOR INFANTS.

Dr. J. Lewis Smith, in an article on Summer Diarrhœa in Children, read at the New York County Medical Association, speaks thus about the preparation of cow's milk:—

How to modify cow's milk so as to make it resemble human milk as closely as possible, was one of the most important suggestions that emanated from the German conference referred to; and this modification was made by peptonizing the milk. This peptonizing had the effect of rendering the casein, which was the chief source of indigestion, easily digestible, and the process was to be suspended as soon as the milk began to assume a bitter taste. In peptonized cow's milk the casein was found to be in delicate flakes instead of the hard masses in which it ordinarily existed in this fluid. For this very important advance in infant dietetics the profession was indebted to Pfeiffer, of Wiesbaden. In order to have the milk in the best possible condition for the child's use, it was necessary to peptonize it in small quantities as required. Dr. Smith then described the way in which the infant's diet now used at the New York Infant Asylum was prepared: five grains of Fairchild's extractum pancreatis and ten grains of sodium bicarbonate are added to one gill of warm water and one pint of cow's milk. The liquid should be tasted frequently during the course of preparation, and as soon as it became in the slightest degree bitter, the peptonizing should be arrested. This could be done either by applying heat or placing the milk on ice, and the latter he considered preferable, as it only suspended the process (which it was desirable should be renewed in the child's stomach); while the application of sufficient heat to arrest it had the effect of destroying the ferment.

In the discussion which followed, Prof. Leeds said:—All authorities were agreed that cow's milk was, on the whole, the best substitute for mother's milk, and the practical point, therefore, was to determine what was the best way of preparing it for the infant. We did not know at the present time precisely what the elements were which made up the so-called casein of cow's milk; it having been ascertained simply that they were coagulable by acids. We did know, however, that there was a difference in the percentage and in the character of the albuminoids and the fats in cow's milk and in human milk, while the milk-sugar was precisely the same in both. As Dr. Smith had mentioned, Pfeiffer had demonstrated that the casein of cow's milk could be rendered similar to that of human milk by peptonizing it. As to the fat in human milk, it was not all appropriated, since twelve per cent. of it, as a rule, could be found undigested in the feces of the infant. It was, therefore, supplied in excess by nature. In cow's milk the average quantity of albuminoids was twice that found in human milk. In the preparation of a substitute for the latter, he would suggest that to a pint of good cow's milk one pint of water should be added. If to this mixture two

ounces of cream and four hundred grains of milk-sugar were added, the percentage constitution of the fluid would resemble very closely that of mother's milk. If, furthermore, the insoluble casein of the cow's milk were converted into soluble peptones by the action of extractum pancreatis, as recommended by Dr. Smith, it seemed to him that we should have a reliable substitute for the natural food of the infant which would probably give satisfactory results if practically tested.—*Medical News.*

RUPTURE OF UTERUS NOT RECOGNIZED BEFORE DEATH.

Dr. Theophilus Parvin, in his quarterly report of the Obstetrical Department of the Philadelphia Hospital, relates the following case:—

The final subject presented to you is that of uterine rupture. In reflecting upon the history of my three months' service, no event occurred in my duties to these unfortunate women—women often worthy of the profoundest pity as the victims of misfortune and of man's perfidy—which causes me greater sorrow in silence or in recital than a case where the uterus was ruptured in consequence of a shoulder presentation—a case which ended in death the eighth day after delivery. Yet I should fail in duty to my profession, that has been so good, so generous to me, if I did not make the case fully known. The patient was a well-formed, healthy multipara; she had been in labour nearly twelve hours when I first saw her, the left shoulder presenting. Ether was immediately given until she was thoroughly under its anæsthetic effect; and then, without violence, nay, with great ease, I passed two fingers behind the right knee, brought the foot down, and turning and delivery were effected in a few minutes; the placenta followed almost immediately; the child, quite a large one, was dead. The patient came out from the anæsthesia satisfactorily; her pulse was good; there was no complaint, no shock, no great hæmorrhage. Yet that woman had a ruptured womb, the tear beginning at the os uteri on the right side, involving the cervix and the lower part of the body of the uterus, this condition being made known by the *post-mortem*. If it be thought I ought to have known this accident at the time of delivery, I can only say that like ignorance happened to Dubois, to Hervieux, to Tarnier, and others—the first revelation of the uterine rent being made at the *post-mortem;* these silent tears of the womb are, as Hervieux has suggested, probably more frequent than generally thought. No, my self-reproach is not in this, but in not having made myself, or by another, an examination during pregnancy, so that the abnormal presentation could have been corrected, if not then, at least early in labour. But let this pass. The great practical lesson to be drawn from the accident is not only the importance of an early rectification of a mal-presentation, but also the appreciation of the danger of rupture of the uterus, and how this accident occurs. A drawing was shown giving the position occupied by the child, and also and especially giving the change in form and thickness of the two cavities of the uterus, which, as so admirably described by Bandl, are formed when nature is unable to overcome the obstacle to labour found in such cases. The one cavity is formed by the body of the uterus, and its walls become thicker and stronger; the other, by the cervix, and its walls grow thinner—become, indeed, so attenuated and weak that a very slight additional strain causes a tear at some point; that strain may come from a uterine contraction, or solely from the introduction of the finger; and thus peril from action, peril from delay, must be before the obstetrican's mind when called to a case of neglected shoulder presentation.

EARLY INTERFERENCE IN EXTRA-UTERINE PREGNANCY.

Mr. Tait, in the *British Medical Journal*, says:—"Pending the discussion on the pathology and treatment of extra-uterine pregnancy, which is to take place at Belfast, I desire to place on record this, the first series, as I believe, of cases of extra-uterine pregnancy operated upon at the time of rupture; that is, from the tenth to the thirteenth weeks. Most of us are familiar with such dramatic incidents as that of the actress in the Bois de Boulogne, where sudden or very rapid death has occurred from

hæmorrhage due to the tear of a venous sinus in the rupture of an early Fallopian pregnancy. I have been unfortunate enough to see a large number of them, five or six and twenty, and of late I have been encouraged by my success in other abdominal diseases to try what surgery could do in these cases.

For this treatment, of course the difficulty was the diagnosis, but as I have now completely adopted the principle of always opening the abdomen when I find a patient in danger with abdominal symptoms, this barrier no longer exists. The diagnosis is, however, not so very difficult after all, for in many cases the existence of pregnancy has been suspected before the rupture occurred. It may be in the majority, however, that this misleading feature is present; the patient has never been pregnant, or has not been so for many years, and then the arrest of menstruation attracts no particular attention. If, however, it be found that the patient has been eight weeks or more without a period, that there is a pelvic mass fixing the uterus and on one side of it, and that sudden and severe symptoms of pelvic trouble and hæmorrhage came on, the rupture of a tubal pregnancy may be at once suspected, and if an operation is to be done—and it clearly ought to be done—it must be done without delay. Early interference is clearly a chief element of success in modern abdominal surgery."

Mr. Tait then gives a brief report of five cases on which he operated since January 17th, 1883, with four recoveries.

M. PASTEUR has been furnished with an opportunity of testing his theories concerning rabies upon a human subject. One of the servants of the Paris and Lyons Railway at Tarascon-sur-Rhone, having been bitten by an undoubtedly mad dog, has just placed himself in the hands of the illustrious savant.—*British Medical Journal.*

DUHRING recommends the following ointment in localized pruritus :—

℞ Ungt. cetacei ..... ℥i.
Hydrargyri chloridi mitis..... ʒss.
Ext. belladonnæ ..... ʒi.
M.

THE
Canadian Practitioner.
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

To SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

We regret to learn that, from some cause unknown to us, copies of the Journal have lately gone astray. Any of our subscribers who have not received it regularily, may obtain the missing numbers on application to Dr. Aikins, by post-card or otherwise.

TORONTO, AUGUST, 1884.

CHANGES IN OUR STAFF.

We have to announce some material changes in our Editorial Staff. Drs. Cameron and Nevitt having resigned, their places have been taken by Drs. J. E. Graham and W. H. B. Aikins, who, with Dr. A. H. Wright, are now editors and proprietors, and will hereafter have the sole management of the Journal. Dr. Graham, who was one of the original stockholders, has been one of our most constant contributors, and we rejoice in the fact that he is now able to assume the full responsibilities of an Editor's chair. Dr. Aikins, who also becomes one of the Editors, will give us the benefit of his energies by undertaking a large portion of the work necessarily connected with such a publication. We part officially with our former collaborators with feelings of the deepest regret. Our subscribers know, in part at least, how much we are indebted to Dr. Cameron, who has devoted so much time and energy in the interests of this Journal from its inception to the present time. Dr. Nevitt's connection is of more recent date; but we have to gratefully acknowledge that for the last year and a half he has done the lion's share of the work. It will of course not be forgotten that we owe much to the original editors, Drs. Uzziel Ogden and Zimmerman, who, with the assistance of other stockholders, so ably conducted the publication through and beyond the period of infancy.

To these gentlemen, one and all, we desire to

express our deep obligations; and, at the same time, it gives us much pleasure to state that we expect not only their sympathies, but their active co-operation in the future.

To our late publishers, Messrs Carswell & Co., who have given up the business management because they wish to confine their attention entirely to law books and their legal periodical, we have to extend our thanks for showing us a balance sheet as satisfactory as it is encouraging. As far as our printing is concerned, we return with considerable pleasure to our first love, and our Journal will be published at the *Guardian* Office, from whence it issued during the first seven years of its existence.

We propose to make no change in the method of conducting the *Practitioner*, but hope that it will continue to be pre-eminently the independent and representative organ of the profession of Canada. It will therefore still be our aim to act as the mouthpiece of the great body of physicians and surgeons in the country, and we trust that considerations of self-interest will never bring forth any fruits in these columns. Our large and rapidly increasing subscription-list gives us great responsibilities; and, while we are willing to accept them in full, we ask for a continuance of the cordial support and assistance of our friends. We have to thank them for much in the past, and are encouraged to expect still more in the future. While it will be our pleasure to give a fair space to our contributors, we will continue to bring before our readers everything of practical interest in Canada, as well as the latest and best of medical and surgical science and news from American, British, and Foreign publications.

THE SUMMER SESSION.

The second summer session in the Toronto School of Medicine has just come to a close. The attendance was larger than in the previous year, but the numbers were not so great as one might expect, considering the nature of the instruction given. The latter has been largely of a practical character, and included a course on surgical operations on the cadaver, performed by the students; one of obstetrical operation on the cadaver, also done by the students. Practical courses in normal and pathological histology were given, in which the cutting, staining, and mounting of specimens were thoroughly taught. A very elaborate course of clinics formed part of the scheme.

The only drawback experienced was the apparent apathy of a few members of the teaching staff at the hospital, who have not yet realized the importance of the summer session. In a few years even the latter will see that the very existence of a medical school depends on the way in which the summer course is conducted. Students are now required to do so much work that it is almost impossible for them to overtake it during the winter term. Six or seven months' vacation each year causes too great a break in their medical course.

The majority of students do little or nothing at home during the summer, but they frequently contract indolent habits from which they are not afterwards able to free themselves. To the members of the teaching staff the summer course should be of great value. In the first place, they are kept in harness, and thus the work of the school is more thoroughly done. And in the second place, their attention is drawn to outlying branches of their department, much to their own benefit as well as to that of the students. Enough has already been done in the summer session to demonstrate its importance, and to give it a permanent place in the Medical Schools of the city.

THE THIRD STAGE OF LABOUR.

Much has been written on this subject during the present year. On the one hand we have active interference recommended, as in Crede's method; on the other, we are advised to leave the delivery of the placenta to the unaided efforts of the uterine, abdominal, and vaginal muscles. The average duration by Credè's method is said to be $4\frac{1}{2}$ minutes; the duration with non-interference, according to Strassburg statistics, was from 30 minutes to 12 hours, the delivery being completed in one hour in 44 out of a 100 cases.

The Credè method is not so popular now as it was, because it is supposed to be too harsh. The plan of leaving the delivery to nature is in more than half the cases too tedious for most

obstetricians, who object to waiting from one to 12 hours. Apart from this drawback, the placenta while in the uterus, wholly or in part, does not act as a complete plug, because the rythmical dilatations following contractions allow some hæmorrhage into the uterine cavity when no external pressure is made.

There is a form of interference, however, which is decidedly pernicious, and is, we fear, frequently practised, especially by midwives, *i e.*, traction on the cord before contraction of the uterus takes place. By this means, if the placenta is removed we have taken away a plug which leaves the open sinuses free to bleed very copiously.

From the opinions recently expressed in discussions in New York, Philadelphia, and Hamilton, at the meeting of the Ontario Medical Association, we find the majority are in favour of a middle course, which is, we think, judicious in all respects. The hand should be placed over the uterus during the delivery of the child, and should be retained at least till the expulsion of the placenta takes place. By this procedure we acquire an exact knowledge of its condition. By gently pressing, or kneading with the tips of the fingers, the uterus can generally be kept contracted so as to bring its walls in contact with the placenta, while the latter is retained in the cavity. After a time (not less than half an hour), we may commence more active pressure, which should be applied during the ordinary uterine contractions. During this time we have, first, the separation of the placenta from the uterine walls; second, its expulsion from the uterine cavity; third, its expulsion from the vagina; and if assistance be required in any or all of these stages, it should be rendered by pressure applied from behind, and not by traction on cord, or removal by hand introduced into vagina or uterus. By following these simple directions the placenta may be delivered, as a rule, with ease and safety within an hour.

THE SURGERY OF THE BLADDER.

Among the many achievements of modern surgery those connected with the bladder are not the least remarkable. In Sir Henry Thompson's recent lectures, delivered at the Royal College of Surgeons, he gives the results of his operations for the "digital exploration of the bladder," and the removal of tumours when such are discovered. The procedure itself is not a new one, but its adoption for the purposes of diagnosis and operation by this distinguished surgeon is quite recent. It is an external urethrotomy, by which a median perinœal section is made, cutting into the membranous portion of the urethra, the patient being under ether. The left forefinger is then passed into the bladder, and, while supra-pubic pressure is made with the right hand, a thorough exploration is made. The operation is easy and safe, and, in addition to the objects named, frequently affords great relief in cases of obstinate cystitis. The analogous operation in the female is dilatation of the urethra, with a three-bladed dilator or otherwise. A tumour being found, it is removed wholly or in part when possible.

Sir Henry's total number of operations for digital exploration of the bladder is forty-two, five being in women. In twenty cases tumours were discovered and removed, as far as they could be, with the following results: thirteen recoveries, more or less complete, and seven deaths. When we consider the distressing and hopeless condition of these patients, such a record is very encouraging, especially as (to use Sir Henry's words) "every recovery is a clear gain, and a fatal result is simply the natural issue forestalled."

CANADA MEDICAL ASSOCIATION.

The next meeting will be held in Montreal, on the 25th, 26th, and 27th of August. The opening session will commence on Monday morning, August 25th, at 10 o'clock. The Reception Committee have been making the necessary arrangements, and it is expected that the meeting will be held in the Synod Hall in connection with the cathedral. The different railroad companies have agreed to issue return tickets for a fare and a third, good from August 22nd to September 5th. The Richelieu and Ontario Navigation Company will issue tickets, good for same dates, for a single fare, meals and berths extra. The last session will be held on the forenoon of the 27th (Wednesday).

The meeting of the British Association for

the Advancement of Science will commence on Wednesday afternoon, August 27th, after the close of the Canada meeting. Over fifty of the physicians and surgeons who have promised to come out for the British meeting, have been invited to attend the Canada meeting, and more than half have accepted, among them being Mr. Lawson Tait, who has promised to deliver an address on Abdominal Surgery.

A number of papers have been promised by members of our Association, but the list at the present time is very incomplete. We hope there will be a good attendance from the West. We understand that a fair number will go from Hamilton and Toronto, as well as other parts of Ontario. We are certain to receive a royal welcome from the Montrealers, who are so well known for their generous hospitality; and, apart from any such considerations, it is desirable in the interests of the Association that there should be a much larger attendance than we had last year in Kingston. Dr. Osler, the General Secretary, is in Europe, but he expects to return immediately after the meeting of the British Medical Association at Belfast. In the meantime members can obtain any information, certificates, etc., from the Acting Secretary, Dr. James Bell, Beaver Hall Terrace, Montreal. The local secretaries in the different provinces will also be supplied with railroad and steam boat certificates. Their names are Dr. Bray, Chatham; Dr. Coleman, St. John; Dr. Bell, Montreal; Dr. Black, Halifax; and Dr. Brett, Winnipeg.

THE INTERNATIONAL MEDICAL CONGRESS.

The eighth meeting of the International Medical Congress, to be held in Copenhagen, from August 10th to 16th, promises to be as great a success as any of the former gatherings. General addresses will be delivered by Prof. Virchow, M. Pasteur, Sir William Gull, Prof. Crudeli, Prof. Verneuil, and Prof. Panum. A large number of papers are promised, and the fourteen sections will be well sustained. In the medical section we notice the names of many well-known men of "light and leading," who have promised to contribute,—Austin Flint, Liebermeister, Bouchard, Lepine, Crudeli, Grainger Stewart, Leube, and Jürgensen; in the surgical section, Sir Joseph Lister, Paul Bert, Esmarch, Thornton, Bryant, and Guyon; among the pathologists, Chauveau, Weigert, Koch, Friedlander, Cornil, and Gull.

The official languages will be German, French, and English. The Congress is under the patronage of the King of Denmark. Prof. Panum, of Copenhagen, is the chosen President.

Ontario will be represented by Drs. J. E. Graham, McFarlane, and W. B. Geikie, of Toronto, and Dr. Robt. Douglas, of Port Elgin.

ONTARIO MEDICAL ASSOCIATION.

It will be remembered that the chairman of each temporary committee is expected to open a discussion on a special subject at the next meeting in London. The following are the subjects chosen by the chairmen of the committees named:—

SURGERY.—Chairman, Dr. Powell, of Edgar. Subject: "Plaster Splints and Bandages," with these questions: What fractures are best treated by them in private practice? What are the most convenient methods of their application? What are the advantages and what the dangers and limitations of their use?

MEDICINE.—Chairman, Dr. Tye, of Chatham. Subject: "Diphtheria."

OPHTHALMOLOGY.—Chairman, Dr. Ryerson, of Toronto. Subject: "The use of Jequirity in affections of the Eye."

OBSTETRICS.—Chairman, Dr. Temple, of Toronto. Subject to be named hereafter.

LOCAL HEALTH ASSOCIATIONS.

We note with pleasure the formation of a Health Association in Toronto, in connection with the Canadian Sanitary Association. The step is in the right direction, and the example set by Toronto is so good we commend it to all districts, towns, and villages. We are most pleased in this connexion to see that a little friction, which existed among the different branches of sanitarians, has been swept away, and that the association contains representatives of the medical, architectural, and engineering professions, and the leading plumbers. Constituted as it now is, it cannot fail to be a great

moral force in the city and also in the province.

The President is Mr. Henry Langley, architect; Vice-President, Mr. Joseph Wright, plumber; Secretary, Mr. Alan Macdougall, sanitary engineer. A committee of leading names has been appointed to enquire into certain further legislation required for the city of Toronto, who will, no doubt, advocate measures calculated to improve the present waste of water and plumbing practice of the city.

CHOLERA.

The first cases of cholera in Europe occurred in Toulon about the 13th of June, and spread in a short time to Marseilles, and other smaller towns in the south of France. It is remarkable, under the circumstances, that it has not spread more rapidly and widely; but a grave danger still exists, both for Europe and America, and each and every locality should adopt all the preventive means known to guard against its inroads. The Governments of the various countries appear to fully appreciate the situation, and are endeavouring to prevent an invasion by the quarantine and other means.

We must, however, trust mainly to the efforts of the corporations of cities and towns to make the sanitary condition as perfect as possible throughout the whole country. The main requisites are thorough cleanliness, pure water, good ventilation, and free drainage. The Health Officers of Toronto deserve credit for the measures they are taking to inspect premises, both inside and outside dwellings, to compel the removal of all filth, to flush sewers, to close wells, and to improve drainage and ventilation. The Ontario Board of Health have acted with commendable promptness in distributing valuable information on the subject to all parts of the province. We hope the health authorities in different sections will unite in the most strenuous exertions to guard against this dreadful scourge. If we put our house in order we have, happily, little to fear.

Considering the usual marvellous indifference of the public concerning questions of health, the occurrence of such alarm as now exists is probably not an unmixed evil; because, from a sanitary point of view, good is likely to be accomplished this season, through fear of the visitation of the deadly epidemic, which is beyond all computation.

SURGERY OF THE KIDNEY.

Mr. Lawson Tait, in the *Birmingham Medical Review*, reports twelve operations on the kidney, all of which were followed by complete cures, viz: 1 nephrectomy for pyonephrosis and calculus, eleven nephrotomies (4 for abscess, 4 for hydronephrosis, and 3 for hydatids.) He does not believe that movable kidney has any pathological importance. He admits that the condition exists from the rare occurrence of a mesonephron, but does not believe a kidney is painful because it is movable.

GROWTH OF LEG FROM DILITATION OF LYMPHATICS.

In the *British Medical Journal* of June 14th, Mr. Freun describes a case of giant growth of the lower limb, the result of dilatation of the lymphatics. From the description it is probable that the case was similar to one exhibited by Dr. Harrison, of Selkirk, at the meeting of the Ontario Medical Association in '81. The defect in the lymphatic system was of a congenital character.

MEDICAL MATRICULATION.

Manitoba University.—The authorities of the Manitoba University have instituted a very severe matriculation in medicine. It includes Greek, Latin, and French. Medical students, in order to obtain a university degree, must either pass this standard, or take their course in some University requiring a lower matriculation. The Medical School in Winnipeg will thus be materially injured.

WINNIPEG MEDICAL SCHOOL.

Arrangements, financially and otherwise, are being made, by which it is expected that building operations on the projected Medical School will be commenced in two weeks. The building will be a brick structure, and will be located on the corner of Kate and McDermott streets.

ORGANIZATION OF A LONDON MEDICAL ASSOCIATION.

The medical men of London held a meeting recently for the purpose of forming a medical society for that city. The following gentlemen were elected officers for the ensuing year:—President, Dr. Beemer; Vice-President, Dr. Waugh; Secretary-Treasurer, Dr. Payne.

Meetings of Medical Societies.

ONTARIO MEDICAL ASSOCIATION.

HAMILTON, JUNE 4TH AND 5TH, 1884.

(Concluded.)

AFTERNOON SESSION.

Dr. Alexander (Grimsby), exhibited a case of knee-joint disease which began two years ago after an injury.

Dr. Sheard (Toronto), considered it a case of osteitis or malignant disease, and advised a bavarian plaster splint.

Dr. Osborne exhibited a case of epithelioma of the face.

Dr. Powell (Edgar), moved, seconded by Dr. Fulton, that the President for next year be requested, in appointing the chairmen of the temporary committees, to select gentlemen with whom he has previously made arrangements for the opening of discussions on special subjects in their departments. Each discussion to be opened by the reading of a paper by the chairman, which paper shall take the place of the reports heretofore expected to be read. Carried.

Dr. Riordan (Toronto), described a case of double uterus and vagina. He purposed removing the vaginal septum.

Dr. Harrison (Selkirk), read a paper on Vaccination, in which he said that one of the principal arguments of anti-vaccinationists was the coincidence theory as it related to the subsidence of small-pox and the discovery of vaccination. It was just as reasonable to refer the soporific effect of opium to coincidence.

Dr. Bryce (Toronto), said that, as a member of the Board of Health of Ontario, he had been closely investigating the sources of obtaining vaccine. The importance of the subject justified him in exhorting the profession to be very particular and circumspect in obtaining their supply of vaccine.

The Committee on Nominations now brought in their Report, which was adopted. They recommended as the place of meeting for next year, London, Ont.

The following were elected officers for the insuing year:

President — Dr. Worthington, of Clinton. Vice-Presidents—Drs. Tye, of Chatham; Thorburn, of Toronto; Brouse of Brockville; Powell, of Edgar. Permanent Secretary—Dr. White, of Toronto. Treasurer—Dr. Graham, of Toronto. Corresponding Secretaries—Drs. Irwin, of Kingston; Harris, of Brantford; Hutchinson, of Brussels; Waters, of Coburg.

The President, Dr. Clark, being obliged to leave for Toronto, vacated the chair, which was taken by the Vice-President, Dr. Worthington, and a vote of thanks was passed to the retiring President, to which he replied in a few words expressive of the pride and pleasure he had experienced in occupying his exalted position as President of the Association.

Dr. Brown, of Galt, then read a very interesting and well written paper, containing an account of a visit to the surgical centres of Europe. He advised all medical men to make the effort once a year to spend a portion of their time in visiting the centres of professional thought and activity.

Dr. W. H. B. Aikins, of Toronto, read a paper on Spermatorrhœa, in which he said that the microscope was the only reliable means of making a diagnosis. When seminal emission is followed by a sense of well-being, it is physiological. Followed by malaise, it is pathological. Edoscopic examination, in spermatorrhœa shows hyperæmia of the veru montanum, a catarrhal state of the mucous membrane; the orifices of the ejaculatory ducts are more prominent, and their edges thicker than normal. Treatment consists in removing the cause of irritation, the exhibition of tonics and sedatives. If great hyperæsthesia exists, gelatine bougies unmedicated, or cocoa-butter with belladonna and opium, should be used. Metal sounds, the cooling sound, or catheter of Prof. Winternitz, are highly beneficial. When the hyperæsthesia is lessened, recourse should be had to deep in-

jections of a five per cent. solution of silver nitrate.

Dr. Campbell, of Seaforth, read a paper describing a case of Exophthalmic Goitre. Iron, quinine, digitalis, and ergot were administered. Galvanism along the course of the pneumagastrics was followed in a few weeks by amelioration and finally by complete cure.

Dr. Fulton, of Toronto, thought it a difficult thing to truthfully attribute the cure of the disease to one remedy when so many had been exhibited.

Dr. Gunn, of Brucefield, related the notes of a severe case of Hysteria.

Dr. White, of Toronto, considered that the evidence of the history tended to the diagnosis of Hystero Epilepsy, and suggested ice bags to the spine and the continuous use of Brown-Séquard's mixture of the bromides.

Mr. Boxes, of Montreal, then addressed the meeting, soliciting their support of the Canada Sanitary Association.

Dr. Macdonald, of Hamilton, moved, seconded by Dr. George Wright, of Toronto, that the Association give its support to the Canada Sanitary Association in its efforts on behalf of the Sanitary Progress of Canada.

Dr. Arnott, of London, extended a cordial invitation to the Association to meet next year in London.

The reports of the various temporary and special committees were taken as read. The report of the Committee on Ethics was ordered to be taken up for consideration immediately after the President's address at the meeting next year.

The Committee to which had been referred the inquiries propounded by the Woman's Christian Temperance Union, to report upon, are to report next year; the consideration of the report to be the first order of business after the report of the Committee on Ethics.

Dr. McCallum, of Dunnville, moved that a Committee on Bacteriology be appointed to report at the next meeting. The following Committee was appointed: Dr. Covernton, Toronto, chairman; Drs. Mullin and White, Hamilton; Arnott, London; Nevitt and Bryce, Toronto.

After a vote of thanks to the Mayor of Hamilton, for his kindness and urbanity in affording the Association the use of the City Hall, the Association adjourned. R. B. N.

TORONTO MEDICAL SOCIETY.

May 8th, 1884.

The President, Dr. Graham, in the chair The minutes were read and confirmed.

Dr. Cameron presented a sixth year molar, extracted from the upper jaw on right side of a little girl 7½ years old, at the Hospital. The point of interest is that it presents four fangs. Also a bony body expectorated by a patient who had been suffering from facial erysipelas. He gave the following history:

About the beginning of April I was called to see the patient, a man about 45 years of age, late one evening. He was complaining of intense pain in the head, and said that a week previously he had had a bad cold, which obliged him to lie up for a day or two, but had resumed work again. Had not been sick previously for fourteen or fifteen years. Not discovering any cause for the headache, I prescribed a mixture containing bromide of potash and chloral. Recalled the next day. I found the lower eye-lids oedematous with a suspicion of erythema. He was at once placed on iron and belladonna, but in spite of this, erysipelas declared itself and spread over the whole of face and head and upper part of neck. In three days' time an obstinate hiccough developed, which in spite of all kinds of anti-spasmodics and sedatives, persisted, with short intervals of repose, for more than a week. As erysipelas faded from the face, the fauces became sore and swallowing difficult or painful, cough developed, and the voice was lost, except for a hoarse whisper; profuse expectoration of nummular, sometimes blood-stained sputa, floating in water, ensued; and mucous and sonorous rales were audible throughout the chest. The left side of chest, although presenting no dullness or other special sign, did not expand properly; the respiration was noisy and orthopnœa developed. Dr. Canniff saw him in consultation and confirmed the observation, but we failed to discover any satisfactory explanation. A few days after his visit, in a fit of coughing, the patient felt something hard come up in the sputum, and arresting it between his teeth, discovered it to be the bony body presented. Immediate relief to the pain in swallowing and the orthopnœa ensued;

Expansion on the left side improved. The nummular expectoration continues, but in diminished quantity.

Dr. McPhedran showed the femur, os innominatum, and some of the viscera from a case that occurred under his care in the House of Providence. The man was 70 years old and of feeble intellect. He had fallen on a plank walk and was carried in and laid on his bed by some of the other inmates. He made no complaint of his thigh. His being old and feeble, nothing was thought of his remaining in bed, so that the condition of his thigh was not discovered for some days. The fracture was in the lower third of right thigh, oblique, the upper fragment just protruding through the outer side. He was weak, and evidently failing rapidly. There was a large ecchymosis covering the whole abdomen, caused by his knocking a stove down on himself a few days before the accident to his thigh. The leg lay on its outer side. The fracture was reduced under chloroform, there being about $\frac{3}{4}$-inch shortening, and the limb put up in plaster splints. He gradually sank and died the next evening.

P. M. The body was well developed and fairly nourished. There was well-marked lordosis. There was effusion of blood into the subcutaneous tissues all over the abdomen; this effusion extended into the right iliac passage, where it was considerable.

Thorax: Heart, right auricle dilated, a good deal of fat deposited. Aorta dilated and thin. Lung emphysematous; no adhesions on left side, only slight ones on right.

Abdomen: Colon very tortuous in its course.

The caput coli was bound down by adhesions.

The stomach was dislocated backwards to the left of the spine, and completely obscured by the colon. Kidneys: right, healthy in appearance; left, its middle portion occupied by two large and several small cysts, destroying all the secreting structure of this part. The capsule quite adherent. Much fat in the pelvis. Nothing worthy of note in the other viscera.

Thigh: A large amount of brownish, bloody fluid flowed from the wound, which was large enough to admit point of finger. The hip-joint was not freely movable, and gave distinct crepitation when moved in a certain direction. On removing the femur and os innominatum, the fracture was found to be oblique at juncture of middle and lower thirds, with a large piece broke from front of lower fragment. The periosteum was stripped off both fragments to the extent of about two inches. There was no evidence at any attempt at repair. The hip-joint was found much changed, the acetabulum was much deepened by ossification of cotyloid ligament. The head of the femur was greatly enlarged by deposits of bone about its base. The digital fossa was occupied by a spine of bone three-quarters of an inch long, probably the ossified tendon of the obturator extensor muscle. The crepitation before mentioned was due to the changes in the joint, as were also its restricted movements. It is easily conceivable how such a condition might give rise to much difficulty in diagnosis in a case in which there was a supposed injury to the hip.

The election of officers for the ensuing year was then proceeded with.

Dr. Reeve was elected President by acclamation; Dr. Cassidy, 1st Vice-President; Dr. Cameron, 2nd Vice-President; Dr. W. H. B. Aikins, Recording Secretary; Dr. Nattress, Corresponding Secretary; Dr. Spencer, Treasurer (re-elected); Dr. Burns, Dr. Nevitt, and Dr. Ross, Council.

The Treasurer, Dr. Spencer, presented his report for the past year. The report showed the financial condition of the Society to be very satisfactory. After deducting all expenses a cash balance remains on hand of over $50.00. The books and accounts were audited by the Council, and reported correct.

A communication from the "Woman's Christian Temperance Union" was laid on the table, and the Corresponding Secretary instructed to acknowledge its receipt.

The retiring President, Dr. Graham, tersely reviewed the work accomplished by the Society during the past year. He adverted to the pleasure and instruction which attendance at the meetings had afforded him. He then called upon the newly-elected President, Dr. R. A. Reeve, to take the chair.

Dr. Reeve, on taking the chair, thanked the Society for their expression of confidence in him,

and said that he would endeavour to merit the honour conferred upon him.

On motion a vote of thanks was accorded to the retiring President, Dr. Graham.

The meeting then adjourned.

Hospital Notes.

HOSPITAL FOR SICK CHILDREN, TORONTO.

ABDOMINAL TUMOUR IN GIRL AGED TEN.

By I. H. Cameron, M.B.

Reported at Meeting of Toronto Medical Society.

E. S——, aged 10$\frac{10}{12}$. Family history, so far as ascertainable, good; immediate relatives all alive and well. During infancy and early childhood patient presented the enlarged head and pot-belly of that form of the strumous diathesis. The only other morbid antecedent to present illness was an attack of diphtheria a couple of years ago. In May last the child and her mother observed a hard lump in the left groin, about the size of a hen's egg. This persisted for a couple of weeks, and then rather suddenly disappeared. About the end of June it was noticed to have returned. Some time in July or August I again saw the patient, when two large firm masses were observed—the upper one movable and occupying the umbilical region, the lower ill-defined and located in the pelvis. The case was seen but once at that time, and no diagnosis was arrived at. Three weeks ago the child was sent into the Children's Hospital, by Dr. H. H. Wright. She was extremely emaciated, and suffering a great deal from pain in the back, radiating downwards and outwards, and also in the lower portin of the abdomen. A large hard mass, dull on percussion, and extending from the left flank somewhat obliquely to the right iliac fossa, and from three or four inches below the ensiform cartilage to the pubes, was easily made out. It presented a convex border below, and a somewhat concave one above, and beyond the upper margin and half-way up to the ribs fluctuation with dullness could be detected. In this cyst-like portion small round lumps, of similar consistence with the large mass, could be readily felt floating. Between this, again, and the margin of the ribs, and especially in the right flank below liver, intestinal resonance was marked. The superficial abdominal veins were much dilated. Per rectum the pelvis was found to be filled with a firm mass of rounded outline behind, but not in front of which the finger could readily be passed. The uterus, etc., could not be detected. The colon could not at any point be traced in front of the tumour. It was therefore thought that, notwithstanding the presence of albumen and hyaline casts in the urine, tumour of the kidney might be excluded. The urine was passed about four times per diem, and was rather diminished in quantity, with a copious sediment of amorphous urates; the bowels were either regular or slightly inclined to constipation. At one time the shape and size of the fœcal mass was round, at another diminished to the calibre of a lead-pencil, and at another voided in small roundish pellets. The temperature chart showed occasional but irregular fluctuations between 97°5 and 100°5, and the pulse varied between 100 and 140. A diagnosis between cancer or sarcoma of the ovary and of the omentum and mesentery, or of tubercular enlargement, was not arrived at, but the former was leaned to, and at a consultation it was decided that at all events nothing could be done. Two or three days before death an erysipelatous blush appeared upon the nose and cheeks, for which iron and belladonna were administered, and it disappeared in 36 hours. Death occurred gradually, from exhaustion. At the autopsy the cystic portion was found to be a localized collection of fluid in the peritoneum; the large abdominal mass was encephaloid cancer, occupying the meshes of the great omentum; the smaller round tumours were similar masses attached to the omentum and floating in the peritoneal fluid; one spherical mass sprang from the gastro-hepatic omentum. The pelvic tumour was a Bologna-sausage-shaped similar mass, apparently springing from and involving the ovary and adherent to the uterus. It was also connected with the large mass by an omental adhesion. The retroperitoneal glands were affected, and a mass the size of two adult fists surrounded and compressed the pelvis of the kidneys, which had suffered some inflammatory change. The other abdominal organs were healthy; but the walls of the intestine were very pale and translucent, and presented universally small round, impalpable, whitish yellow spots, about the size of a pin's head.

TORONTO GENERAL HOSPITAL.

A CASE OF HYDROA, WITH PECULIAR IODIC ERUPTION.

Under the care of Dr. J. E. Graham.

Kindly reported by Dr. H. S. Martin, resident assistant.

M. H., aged 31, born in Canada, single; has been employed in a ginger ale factory since 1883. He had previously been a farmer. Family history good. Up to the commencement of the present disease he had enjoyed good health.

In March, 1883, small red pimples appeared on the ulnar side of the forearms towards the extensor surface. Two weeks later similar pimples appeared over the right scapula. These pimples rapidly became visicular, containing a clear serous fluid. The eruption afterwards appeared over the thighs, and to a slight extent on the back. The latter disappeared in a few days. The anterior surface of the trunk has always remained free from the disease. The extensor surface of the arms became covered, while only a few spots appeared on the flexor surfaces. At times the eruption became very abundant and irritable in the axillæ. The hands and feet remained free. It has always been very troublesome about the eyes and the hairy part of the face. Burning and itching sensations accompany the eruption. The vesicles break and discharge their watery contents in from two to six hours after their appearance. Large flat scales of a yellowish-brown colour form, but there is little tendency to form pustules or scabs, unless the eruption has been subject to considerable irritation, as scratching or rubbing. After the scales fall off the surface is red, and very sensitive. The redness and sensitiveness disappear in about twenty-four hours after the scales fall off. The disease is always more troublesome during the hot summer months. It has never shown itself on the hairy scalp. The attacks continue with exacerbations and remissions for about two weeks, and are followed by a longer or shorter time of freedom from the disease. He has found relief at times by using a wash of baking soda or sugar of lead. The patient was admitted to the Toronto General Hospital, April 29, 1884. The diagnosis first made was erythema multiforme, but on further study of the case it was put under the head of hydroa-bulleux, as described by Tilbury Fox, in an article published in the archives of dermatology shortly after the death of that distinguished dermatologist.

Treatment.—Arsenic and columba, with alkalies, internally. Baths and various forms of ointment externally. There was scarcely any improvement in patient's condition, except that his general health was somewhat better.

On May 13th the following mixture was given:—

℞ Pot. Iodidi ..... ℥ss.
Syr. Sarsae co. ..... ℥ss
Aq. ad. ..... ℥viii.

Sig. A dessertspoonful three times a day, in water, after meals. Patient took three doses of the mixture. In about an hour after taking the first dose his face and neck grew flushed and red, and the temperature began to rise. A burning, tingling sensation extended over the whole body. Half-an-hour later the neck, chin, and lower part of the face became studded with small watery vesicles, varying from the size of pin-heads to that of wheat grains. In two hours the whole neck and face to the margins of the hairy scalp, excepting the upper part of the forehead, were covered with vesicles varying in diameter from ¼ inch downwards. The eruption on the cheeks and nose occurred in patches or congregations ¼ inch to ¾ inch in diameter, with considerable clear space intervening. The vesicles were small and thickly set about the eyes; large and bullous in character on the ears and back of the neck. The skin of the face and neck was hot, somewhat swollen and erythematous, even between the parts covered by the eruption. The conjunctivæ were much congested. Weeping of the surface commenced towards evening to-day. The eruption was much more irritable than that occurring in the regular course of the disease. No eruption appeared on the body or upper extremities. A few small vesicles came out on inner side of middle third of both thighs; more abundant on right thigh. Temperature this evening 101⅘, pulse 96.

May 14th.—Temperature 101½, pulse 92. Vesicles and bullae on neck and face somewhat larger and more elevated than yesterday. Some new vesicles forming while the older ones are running together in places. Tongue and mucous membrane of the mouth covered with reddened and elevated patches. The eruption on lower part of neck presents more the appearance of a uniform elevated rash. A few spots begin to appear on the extensor surfaces of the arms. Vesicles, both singly and in groups, on both surfaces of the legs; most abundant on inner aspect of thighs. Bases of vesicles inflamed and irritable.

Leadwash ordered to allay irritation. The following mixture given every six hours in half-ounce doses:—

℞ Mag. Sulph. ..... ℥iv.
Sod. Bicarb. ..... ℥iv.
Aq. ad. ..... ℥viii.

Temperature at 9 p.m, 99⅘.

May 15th.—Surface less inflamed than yesterday. Some of the vesicles are becoming slightly pustular. Those on upper part of face disappearing. Eyelids less swollen, conjunctival less congested. No fresh eruption appearing. Smaller vesicles drying up. Temperature falling.

May 16th.—Temperature normal. Vesicles drying up and forming scales without scabbing. The surface under the scales is red, and shows great tendency to bleed when irritated.

May 18th.—The eruption is still fading, and has completely disappeared from the parts most lightly affected, without any tendency to the formation of pus. Some moisture in the worst places, but no pus.

The rash gradually disappeared without leaving any trace of its existence. The urine was examined, both chemically and microscopically, several times during the course of the eruption without showing the presence of anything abnormal. The patient left the hospital considerably relieved of his disease, but with some of the symptoms still remaining. It was afterwards found out that a year before the patient took iodide of potassium in about the same doses and exactly the same effect was produced.

POPLITEAL ANEURISM.

For the report of the following case we are indebted to Dr. Bascom, of the resident staff.

A. G., aged 33. Admitted to Hospital February 5th, 1884. Occupation, railroad conductor.

Previous history.—About four or five years ago hair on legs gradually turned white, hair on head also began to whiten. At the present time there is not a remarkable number of grey hairs on his head, but the hair on legs is silvery white. Has had typhoid fever and tonsillitis. Has never been troubled with any private disease. Never had any injury about the knee that he can recollect. Noticed that his left leg would swell at times, but this would soon disappear.

History of immediate trouble.—Five weeks before entering the hospital was in a railroad accident, and received injuries about back and hip. While under examination after the accident the medical attendant discovered a swelling in the left popliteal space, which he pronounced to be an aneurism. After receiving the injury had considerable pain, sharp and pretty severe, and worse at night. The swelling considerably increased in size. There was a full, heavy, expanding pulsation, which disappeared on pressing on the femoral. There was a well marked bruit.

Treatment.—Before entering the hospital his leg had been strongly flexed upon the thigh for three weeks. On the 20th of February relays of students were obtained, and pressure with a bottle of shot was continuously kept up for one hundred and twenty-two hours. The bottle was sufficiently heavy to completely occlude the artery. This proved of very little benefit.

In the early part of April pressure with the fingers was tried for about the same length of time, with a like result. Electricity was then tried. About the middle of May compression was again tried for forty-eight hours. All of these having failed, ligation of the femoral was decided upon, and on June 9th, Dr. Thorburn operated. The incision was made over the artery, about the apex of Scarpa's triangle. Antiseptic precautions were taken, and the wound healed well. Pulsation continued feebly in the sac for two days, and then entirely ceased. The temperature of the limb did not fall. At the time of patient's departure from this institution (July 5th), he had recovered pretty fair use of the affected limb.

Book Notices.

Catalogue Général des Livres de Medicine. Librairie J. B. Bailliere et fils.

Registre Médical du College des Medecines et Chirurgiens de la Province de Quebec.

Premiere application a Paris en 1883 de L'assainissement suivant le système Waring.

The School Supplement. Published by Eaton, Gibson & Co.

Quarantine and Sanitary Operations of the Board of Health of the State of Louisiana. By Joseph Jones, President of the Board.

Prevention and Restriction of Cholera. Document issued by the Michigan State Board of Health, July, 1884.

Auscultation, Percussion and Urinalysis: An Epitome of the Physical Signs of the Diseases of the Heart, Lung, Liver, and Kidneys. Edited by C. Henri Leonard, M.A., M.D., Professor of the Medical and Surgical Diseases of Women, and Clinical Gynæcology, Michigan College of Medicine. Fully illustrated. Cloth, 16mo., 166 pages, post-paid, $1.00. Detroit, Mich., 1884: The Illustrated Medical Journal Co., Publishers.

A Treatise on Ophthalmology, for the General Practitioner. Illustrated. By Adolf Alt, M.D. 1884. Chicago, Ill.; St. Louis, Mo.; Atlanta, Ga.: J. H. Chambers & Co.

For old association's sake we are glad to see something once more from the pen of Dr. Adolf Alt; and to feel that we can commend his work to those who need it, as a safe guide. The book is plainly and pleasantly written, and is presented in clear and satisfactory typography; but the illustrations are of the rudest, and the binding, to say the least, not elegant.

Hand-book of Vertebrate Dissection. By H. Newell Martin, D.Sc., M.D., M.A., Prof. in Johns Hopkins' University; and Wm. A. Moate, M.D. *Part III. How to Dissect a Rodent.* 1884. New York: Macmillan & Co.; Toronto: Rowsell & Hutchison. Price 60 cents.

The object of this little hand-book, as announced by its authors, is merely to assist the student of comparative anatomy while at the dissecting table, and, in our humble judgment, could not, by reason of the clearness and conciseness of the directions and descriptions given, be improved upon.

The Treatment of Wounds, as Based on Evolutionary Laws. By C. Pittfield Mitchell, M.R.C.S., Eng., &c. New York: J. H. Vail & Co., 21 Astor Place. 1883. Price 50 cents.

The author of this brochure is apparently a disciple of Mr. Samson Gamgee—no unworthy master—and his essay is a clever attempt to show that in the healing of wounds cleanliness and dry dressing are principles of practice directly inferrible as infallibly appropriate from the study of the laws of evolution. We would advise our readers to study his argument for themselves, and, whether convinced thereby or not, to adopt his practice, whether inferrible from evolutionary laws or not, as empirically proven safe, speedy, and sufficient.

Legal Medicine. By Charles Meymott Tidy, M.B., F.C.S., M.S., Professor of Chemistry and Forensic Medicine at the London Hospital. Vol. III. New York: Wm. Wood & Co. 1884.

This third volume of Tidy's Legal Medicine constitutes the initial No. of "Wood's Library" for 1884, Vols. I. and II. having appeared last year. The subjects here treated of comprise legitimacy and paternity, pregnancy and abortion, rape and indecent exposure, sodomy and bestiality, live birth and infanticide, asphyxia and drowning, hanging, strangulation, and suffocation. Dr. Tidy's competency as a medical jurist has been well tried and attested in the public positions he has held during the past few years, and his ability and success as an author thoroughly manifested in the ponderous tome upon this subject, which he published a few years ago, in conjunction with the late Bathurst Woodman. Subscribers to "Wood's Library" will, therefore, congratulate themselves in securing, in the series of 1883 and 1884, four volumes from his pen.

A Practical Treatise on the Medical and Surgical Uses of Electricity, including Localized and General Faradization, Localized and Central Galvanization, Franklinization, Electrolysis, and Galvano Cautery. By GEO. M. BEARD, A.M., M.D., and A. D. ROCKWELL, A.M., M.D. Fourth edition, revised by Dr. ROCKWELL, with nearly 200 illustrations. New York: Wm. Wood & Co.

Dr. Rockwell, the surviving author of this joint production, which first saw the light in 1871, has done the profession a real service in now issuing a fourth edition of this the largest, and probably completest, hand-book on medical and surgical electricity extant. We do not mean that our knowledge of the subject in general, or its applicability in the diagnosis and treatment of disease, has made such enormous strides since the publication of the last edition, but the importance of advances made in one or two particulars seem to demand or justify renewed attention. We refer to the department of Franklinic Electricity, the chapter on which has been re-written, and to the success which Dr. Rockwell has obtained in the treatment by electricity of the fearfully fatal catastrophe of extra-uterine pregnancy.

Second Annual Report of the Provincial Board of Health of Ontario, being for the year 1883.

Every sanitary organization develops a marvellous faculty of turning out voluminous reports. Unfortunately, the quality of the work cannot always be predicated of its quantity. Where records are kept it follows, of course, that the volume of a report varies directly with the amount of work accomplished.

The Ontario Board of Health was established for the benefit of the simple folk of Ontario, and their efforts have been confined to the primary education of the people in sanitary matters. As was to have been expected, from the constitution of the Board, their treatment of the various and complicated questions brought to their notice has been characterized by plain, practical advice, and their suggestions have emanated from an appreciation of the requirements based upon solid common sense.

The Board can point with pride and gratification to this report as a record of honest and gratuitous perseverance and industry. We can heartily recommend the report to the public, not only for perusal, but for deeper study, for the dry and tedious details are supplemented here by much interesting matter clothed in an attractive dress.

Pathology, Diagnosis, and Treatment of Diseases of the Rectum and Anus. By CHARLES B. KELSEY, M.D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum, etc. New York: William Wood.

It was our pleasure to speak very favourably of a former edition of this work, which formed one of the *Library Series* for 1883. The changes and additions which appear in this edition, add somewhat to the value of the book, but are not sufficiently important to call for any extended comments on our part. Affections of the rectum and anus are exceedingly common; but, for various reasons, do not receive the attention they deserve, partly from diffidence of patients, and partly, we fear, from indifference of practitioners, who often attempt to treat such ailments as piles, etc., without making any thorough examination. No one can afford to ignore such complaints, though all may not care to operate extensively. To those who desire to procure any book on this subject we can confidently recommend Kelsey's. He does not show the ripe experience of Allingham, nor, perhaps, the elegant dictum of Van Buren; but, all things considered, this work is in our opinion second to none; in fact, we may go further and say it is the best suited for general practitioners among those now available.

Personal.

Dr. W. N. Robertson (Toronto, '84), sailed for England July 19th.

Dr. W. H. Carlton (Toronto, '83), is practising at Whitevale.

Dr. P. J. Strathy (Trinity, '82), has formed a partnership with Dr. Hillary, of Aurora.

Dr. Gray has been appointed superintendent of the Montreal General Hospital.

Dr. Sheard has been appointed a member of

the active staff of the Toronto General Hospital, and Dr. Teskey one of the pathologists.

Dr. Douglas (Toronto, '76), of Castleton, was married to Miss Macklam, of Brighton, June 25th.

Dr. S. A. Bosanko (Toronto, '80), is practising in Leadville, Colorado, and vouches for it as a suitable health resort for those threatened with phthisis.

We are pleased to learn that Dr. Campbell, of Seaforth, will be a candidate for election to the Medical Council in Malahide and Tecumseh Division.

Dr. McFarlane, of Toronto, reached London the first week in June. He remained there some weeks; after which he went to the Continent, from which he returned to Belfast to be present at the meeting of the British Medical Association.

Dr. Sheard, of Toronto, was married to Miss Stanton, July 8th. The happy couple went to Baltimore, where the Dr. will spend some time in the Johns Hopkins' University, after which they will go on an extended tour before returning to Toronto.

Dr. Edward W. Jenks has returned to Detroit from Chicago, where he went five years ago to accept the Chair of Gynæcology in the Chicago Medical College. At a reception given in his honour upwards of a hundred of his former fellow-practitioners were present to welcome him back.

Dr. J. E. Graham, of Toronto, sailed for England July 19th. After attending the meeting of the British Medical Association, he will go to the International Medical Congress, in Copenhagen. After the conclusion of this meeting he expects to go with the expedition to the leprous district of Bergen and Norway, which will occupy about fifteen days.

Dr. Cochrane (Trinity, '84), has been appointed superintendent of the Hamilton General Hospital. We regret the loss which will be sustained by the Toronto Hospital, where he has lately been acting as assistant, and hope that in his sphere of greater responsibility he will be as successful as he has been here. In the interests of Hamilton we consider the appointment in every sense a most excellent one.

Miscellaneous.

Mr. J. R. Lee, of this city, is now preparing an emulsion of cod liver oil with the hypophosphites, which is very fine and palatable.

There is a good opening for a country practitioner in the Adirondack region of Northern New York. (See advertisement).

An Italian Hospital has recently been opened in London. Persons of all nationalities, as well as of all religions, will be admitted.

The work of raising an endowment fund for the establishment of a Chair of Pathological Anatomy, in honour of the late Prof. Gross, is being successfully pushed forward.

M. Gautier announces to the Paris Academy of Medicine, that he has succeeded in the synthesis of xanthine. Xanthine differs from uric acid by one atom of oxygen.—*L'Union Med.*

Prof. Nussbaum, of Munich, places a few drops of oil of cloves on the towel before giving chloroform, when the patient has a repugnance to the odor of that anæsthetic.

The University of Heidelberg will soon celebrate its five hundredth anniversary. The parliament has voted a large sum to defray the expenses of the occasion.

A "Tucker Truss," manufactured by Toms and Co., has been presented for examination. The V shaped spring situated in the pad secures a constant inward and upward pressure. The belt is of fine non-elastic webbing. This truss is most highly recommended by medical men who have tried it in their practice.

"Asseyez vous."—The very latest novelty is a polite request to "sit down," and this is placed in the centre of a sheet of thin manilla paper, 16 x 20 inches in size. By means of a die a perforated ring with fringed edges is cut out of it. It is intended to be used on the seat of a water-closet as a protective; hygienic and comfortable. It is entitled the "daily need,"

fits any form of water-closet, and is patented in France and other countries.—*Gaillard's.*

The American Laryngological Association is holding its sixth congress in Philadelphia. A laryngological association, my dear, is, we take it, an association of larynxes. And a larynx is—well, it is the active principle of your "Adam's apple;" the larynx lives in your neck, third floor front, between the tongue and the trachea; it has nine cartilages, and looks like an old garden hose gone to seed And its uses are—well, you know when a little mouse runs across the floor? Well, your larynx is what you use then. "Climb on the table with it?" Great Scotland, no! Who ever heard of climbing up on a table with your larynx? No, girl; you "holler" with it. That's what you do with it, and no foolishness about it, either. And this American Laryngological Congress, we suppose, is organized to devise some means whereby to supply a new India Rubber copper-lined larynx for the star-eyed goddess of reform, she having shrieked hers wide open and split it down the back when Morrison fell.—*Burlington Hawkeye.*

The Collection of Refuse.—The Vienna authorities have recently adopted a new method of collecting refuse that one would think cannot fail to commend itself to our own governing bodies, although whether they will find imitators amongst us is quite a different matter. The new Vienna method is based on the assumption that infective matter is not unfrequently mixed with dust, sweepings, and rubbish, and that by transporting such rubbish on open conveyances there is at least a possibility of disease being disseminated along the route of conveyance. The method consists in having all refuse put into barrels provided with tightly-fitting heads. These barrels are then collected, carted away to the proper locality, emptied, disinfected, and then returned. In order that every householder may keep his own, the name and address of the owner are painted on each barrel. The Vienna authorities are making a valuable experiment, and if it proves successful and not too expensive, other municipalities will not be long in following so good an example.—*Medical Press.*

Those who have read—and who has not?—Warren's "Diary of a Late Physician" can hardly have forgotten the picture he there gives of the early struggles of a young physician in London. It is interesting to compare his by no means wholly fictitious account with that which Dr. Charles J. B. Williams has lately published of his personal experience. During the first ten years (1830–1840) of his establishment as a physician in London his expenses exceeded his receipts at an average of £600 a year. In 1840 the scale began to turn in his favour. In 1848 his professional income amounted to £3,600. Between 1853 and 1857, when he was in the fullest private practice, it varied from £4,000 to £7,000 a year. It never exceeded the latter amount. He adds, "My largest receipts, handsome as they were, did not equal those of fashionable physicians of olden times, nor of the two or three special favourites of the present day." In this connection one may note that the gains of a fashionable physician in Rome in Juvenal's days were equivalent to about £5,000 a year.

Uncovering at Funerals.—This practice is often highly prejudicial to the health of mourners, who may have many living persons dependent upon them, and who are exposed by the custom to actual risk of life, or at least to a very great chance of being seized with temporary indispositions, which are certain to cause them unfair and needless inconvenience. The depression of spirits under which the chief mourners labour at these melancholy occasions, peculiarly predisposes them to some of the worst direct and indirect effects of chill; and even when any person is at a burial out of respect to the deceased, with whom he has had none of the deep sympathy due to relationship or intimacy, the risk of his catching cold is considerable, as a visitor of this kind has often walked some distance, or travelled in some carriage by rail or road. A duty of this kind is often pressed upon a medical man; and in his case the risk is great, and the result of any consequent illness often very serious. It is, however, very difficult to break old customs without giving offence; and perhaps the best thing to do, under the circumstances, is for the mourner to wear a skull-cap, or to raise his hat as little from his head as possible, as both these subterfuges appear to be conventionally permissible.—*British Medical Journal.*

THE

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TORONTO, SEPTEMBER, 1884.

Original Communications.

AN ADDRESS ON ABDOMINAL SURGERY.

BY LAWSON TAIT, F.R.C.S., ENG. & EDIN.

Delivered before the Canada Medical Association, Montreal, August 26th, 1884.

Mr. President and Gentlemen:

Every gardener knows that a plant long grown on the same soil rises or sinks or somehow or other gets to a level from which it varies not so long as its conditions remain the same, and he knows as well that if he takes that plant to a new soil which suits it—if he grows it under new conditions—its growth, change, and development are practically endless. What we know of plants is, within limits, true of humanity; and if we require proof and illustration of this, where need we go but to this endless continent of yours.

I am not at present concerned with natural boundaries created by languages which come from Sweden and Poland, Denmark and Scotland, Russia and Ireland, which temporarily limit intercourse between different peoples who perhaps settled here. Still less do I trouble about a line on the map which marks a practical Republic on the south from a splendid Democracy on the north. I have only to do with the great fact of human history—I think the greatest fact—that from out of the troubles and distresses of our eastern countries, or out of countries oppressed by over-population, and still more by the effete policies of governments of past centuries dislocated into modern life, from these there has come a great country and a great people, whose growth, change, and development promise to be practically endless.

Of my own country and my own people you will not expect me—you would not wish me—to say anything disparaging. We are an old and a respectable race, and, by virtue of your descent, you share that age, and you have brought over with you a full measure of the respectability. But in transit you have lost that questionable virtue of extreme conservatism which we retain in every conceivable phase of life. We used to have mail coaches protected against robbers by armed men, properly called guards, and we continue to call our railway servants guards without the slightest reason save that they seem to be in some fashion successors to the blunderbus-bearers of the eighteenth century. On the other hand, you very properly call the same officials conductors. We still build our railway carriages in compartments fitted to hold six people, confined boxes that are stuffy, inconvenient, wasteful of room, and dangerous, and we do this only because one hundred years ago we built our stage coaches on the same pattern, and we thought, and we continue to think, that by sticking three of these old coaches end to end we must of necessity construct the very best kind of vehicle for railway travelling. Untrammelled by tradition, you have continued to build carriages far more convenient and suitable in every way. You have even sent them over to England for our use some ten

years ago, but they had actually to be removed from our railways because the public would not use them.

I might gather further illustrations of this intensely conservative spirit which governs everything English. I might wander into the regions of politics and religion and hundreds of other sources, but I prefer to take one of which I can speak at length and in detail—one upon which I believe, if I read aright the compliment you pay me by asking me to appear here before you, I can speak with some authority.

In my youth the medical education of a British student was not considered complete unless he had made a tour of the schools of France and Germany, and, like others, I felt of myself as was said of Proteus:

> " 'Twould be a great impeachment to his age
> In having known no travel in his youth."

But I wish now that the time and money therein spent had been directed to the western instead of to the eastern continent. And I now predict that ere long it will be to the medical schools of America that our students will travel, as did the apprentices of old before they settled down to the serious exercise of their craft.

For many years past I have been visited by numbers of my professional brethren from this side the Atlantic, many of whom have settled down for days and weeks, and even months, to see my work. I have been overwhelmed by the kindliest invitations to visit this continent, but till now I have never ventured across. This delay is an instance of British conservatism, for it is very little the fashion amongst us to take long holidays. I have not had a holiday for seven years, and only the most eminent doctors in England take an annual outing; but on this side I find that none of you think much of a trip across the water, involving leaving your businesses for three or four months, and, from what I have heard, the struggle for existence is as keen as it is with us, perhaps keener.

My American visitors have, one and all, impressed me with the feature of mind which I fear in England we do not possess—the power of judging any question solely upon its merits, and entirely apart from any prejudice, tradition, or personal bias. No matter how we may struggle against it, tradition rules all we do; we cannot throw off its shackles, and I am bound to plead guilty to this weakness myself, perhaps as fully as any of my countrymen may be compelled to do. I may have broken free in some few places, but I know I am firmly bound in others; and my hope is, that my visit to a freer country and a better climate may extend my mental vision.

To come to my intended illustration, let me briefly remind you of the early history of abdominal surgery. The first operation for the removal of an ovarian tumour was performed unwittingly, in 1701, in a Scotch village; for Robert Houston began there a tapping, and finished by making a successful ovariotomy. It was not till 1809, eighty-six years after Houston's case was published, that his example was imitated, and even then it was not in Europe, but in the fresh soil of the backwoods of Kentucky that the young seedling obtained its first full growth, and from that time and from this country dates the history of abdominal surgery. But how slow the growth! In 1863 I heard my master, the Professor of Surgery in the University of Edinburgh, settle all this vast field of human progress in these few words: "Abdominal surgery is abominable surgery." Syme, the greatest surgeon by far with whom I have ever come in contact, shared the views of his colleague in this matter, and I fear that in both the sentiments originated far less in the merits of the question than in their mutual dislike (almost the only sentiment they had in common) of John Lizars, who, having read Macdonald's manuscript when it was sent to John Bell, was immensely struck by the success of the heroic Kentuckian, and was desirous of following his brilliant example. Most unfortunately for humanity, the success of Lizars was of a very doubtful kind, and abdominal surgery had to wait for the advent of Dr. Charles Clay and Mr. Isaac Baker Brown. The story of the latter brilliant and unfortunate surgeon is now a twice-told tale, and I can only repeat what I have said at length elsewhere—that his disastrous downfall was a misfortune

for humanity, delaying as it did the progress of abdominal surgery for fully a quarter of a century. The whole question of this progress lay in the peculiarly narrow issue as to whether the pedicles of ovarian tumours should be dealt with inside the peritoneum or outside it. Here, again, the new country was first in the race; for between 1820 and 1830 the decision in favour of the intra-peritoneal treatment was given in America in such a way that the question ought never to have been reopened. The arbitrament of abdominal surgery between 1866 and 1876 was left in the hands of a man still living, and he carried through his practice a mortality so heavy as to be absolutely prohibitive of fresh enterprise. Mr. Baker Brown left off practice in 1866 with a mortality of ten per cent. with the cautery, whilst, after operating on a thousand cases, Mr. Spencer Wells had a mortality of twelve per cent. in the last hundred with the ligature, and over the whole thousand the mortality was exactly twenty-five per cent. With such results as these, the marvel is not that the conservative surgeons cried out twenty years ago that the craft was in danger, but that the removal of ovarian tumours ever became an accepted operation at all.

As I have said over and over again, as I shall never tire of saying, to Keith is due the whole credit of the modern development of abdominal surgery, and it has ever seemed to me specially hard that while wealth and a title has been the lot of the man who had done nothing but ob struct progress, yet to the author of our present proud position nothing has come save a good deal of misrepresentation and abuse.

In 1878 the doctrines and practice of Lister, after twelve years of preaching on the part of Mr. Lister, had penetrated to London and were taken up by Mr. Wells and his assistants. I had practised all the details in their ever-varying form, as recommended by Mr. Lister, from 1866 onwards, and gave them up one after another as I found they disappointed and hindered me. Finally I gave the spray and its adjuncts a long and complete trial—a trial far more careful in its details than anything I ever saw elsewhere, extending over three years. I have published in detail the disastrous results of this experiment, and at last gave up all these unnecessary dangers, and, since January 7th, 1881, my practice has been entirely free from all these details. Since then my example has been followed by Dr. Keith, Dr. Bantock, and by my colleague, Dr. Savage, and the only surgeon now who uses the Listerian details for abdominal surgery is Mr. Knowsley Thornton. He still claims for Listerism the most of our present progress, in spite of the fact that Keith, Bantock, Savage, and myself have all far better results without Listerism than Mr. Thornton has with it. Mr. Thornton went so far recently, in a communication to Dr. ———, which that gentleman published, as to say that his (Mr. Thornton's) bad results in hysterectomy were due to the fact that in this operation the Listerian details could not be effectually applied. But the facts of the practices of Mr. Thornton and Dr. Bantock, the two surgeons to the Samaritan Hospital, settle this question when they are contrasted. Mr. Thornton uses the Listerian details for hysterectomy as well as he can, and in twelve cases he has had five deaths, while Dr. Bantock does not use the Listerian details at all, and in twenty-two cases he has had only two deaths. The explanation of the difference will be evident to every one who has seen both of these gentlemen operate. To see Dr. Bantock do a hysterectomy is a lesson in surgery, and one from which I learnt a great deal.

To see my own work, I have been honoured with the visits of a large number of surgeons of this continent, some of whom I see here now. I believe they, one and all, came with a belief that they would find I had some secret antiseptic agent, the use of which was the explanation of my success. If I have such an agent, it must be of universal existence in nature, for I have made some of my visitors take the water from the tap and put it into the basins for the sponges, and over the instruments and into the abdomen. I have made them drink it and have offered it to them for analysis, and, so far, I have not been detected in any magic exercise. My visitors always ask to what I attribute my success, and I answer that I cannot tell. They frequently suggest that it is climate. My answer is that our climate is the most variable and uncertain—the worst in the world. It is not fresh air, for the great majority of my

operations, and always the worst, are done right in the middle of a large manufacturing town.

If I may formulate my own answers, they would be briefly to this effect: I have given up my life to this work, and I engage in no other kind of practice; therefore I have a constant weekly experience of five or six of these operations, sometimes as many as eight or ten. I pay the most minute attention to every detail, and maintain an absolute rule of iron over my nurses and my patients. I will not, if I can avoid it, operate in a private house, for there I have no control over either nurse or patient, still less over foolish friends. I can best illustrate the extent to which I carry discipline by telling an incident which occurred recently of a kind of which I have had a few, but not many, experiences. For my private hospital I have a rule that when a patient is admitted she must go to bed immediately. A lady with an ovarian tumour arrived, after a journey of some hundreds of miles, and was asked by the nurse, told off for her, to go to bed. She said she would not do so until she had seen me. The nurse assured her that I would not come near her till she was in bed. The patient remained obstinate and I sent a message to her that she must either go to bed or go home again, and she elected to do the latter, with much satisfaction to myself. She doubtless thought, and you may think, the rule in question is an absurd one, but the absurdity is only on the surface. It is a test of the patient's obedience and confidence in me, and I know very well that with a patient who begins by disputing my orders and doubting the wisdom of my directions, I never could get on, and therefore it is better for both that we should have an early parting. My nurses I always train myself—in fact, I will not have one who has had previous experience, for I know very well that such a woman will inevitably, to save herself trouble, do something in a way she has done elsewhere, and probably for some purpose altogether foreign to my intention, and will therefore become to me a source of danger and annoyance.

Finally, I gave great personal attention to cleanliness in every detail of my work. I trust no nurses or servants without overlooking, and am constantly and at unexpected times turning up carpets, taking down shelves, and rooting out cupboards. In this way, and by a process of weeding, I have obtained a large staff of good servants, and have formed a large establishment in which every available precaution is secured. I can give no other reasons than these for my success, and probably they will commend themselves to you.

There are some causes intrinsic to the work itself from which the success has sprung to a large extent, and of which a few words may here be said with advantage. The first, of course, is the discontinuance of the clamp, of which I have said a great deal elsewhere. Whatever Sir Spencer Wells may say to the contrary, neither with nor without Listerism would anybody go back to the clamp. But the curious thing is that, from our recent experiences in hysterectomy, it would appear that it is not so much the clamp that has been to blame as Mr. Spencer Wells' method of using it. Hysterectomy must always be a more serious operation than an ovariotomy. But Dr. Bantock has now obtained better results in removing the uterus with the clamp than Mr. Spencer Wells ever got in removing simple ovarian tumours, and we must bear in mind that Mr. Wells always insisted that he used the clamp for his simplest cases with long and easy pedicles.

Puzzling over this mysterious and startling contrast, I went to see Dr. Bantock operate, and amongst other things I found he had given up using perchloride of iron for the purpose of tanning the stump. I asked him why he had done so, and he told me he was quite sure that the use of the perchloride of iron had added greatly to the mortality of the clamp, because with a thick pedicle secured by a clamp it is impossible to accurately close the abdominal wound and prevent draining into the cavity. I did not at once accept Dr. Bantock's explanation, but I determined to use the perchloride no more. Like everybody else, I was prejudiced in favour of the statement made by Mr. Spencer Wells, that a putrifying stump would poison the wound; and therefore I could not make up my mind to allow it to remain without some kind of interference. Years ago, in blaming the clamp for our high mortality, I

had pointed out the likelihood of this incomplete closure as being one of the causes, if not the chief cause, of death; but I certainly did not suspect the perchloride of iron as being the fatal agent. A few days after my interview with Dr. Bantock I had to perform a hysterectomy, and I dressed the stump with crystals of thymol. The patient died of peritonitis on the fourth day, and that the thymol had trickled into her peritoneum we had proof enough. Since then I have done a hysterectomy without dressing the stump at all, and the patient has done perfectly well. It will be curious, and no less instructive, if we find Dr. Bantock to be right, and that the use of perchloride of iron, the only contribution Sir Spencer Wells has ever made to abdominal surgery, should turn out to be the cause of his tremendous mortality. In any case, it is a remarkable example of how absurdly we are all governed by *a priori* statements absolutely void of any argument in support of them, and having been made by some one with an authoritative name and position, are accepted without doubt. If Dr. Bantock's brilliant results are obtained by others in the same way, then we have been going on destroying women with perchloride of iron merely because Mr. Spencer Wells said we should use it.

As the whole aspect of abdominal surgery is, at the present moment, controversial—as the progress and practice of this part of our art form the chief objects of my life, you need not be surprised if I have made this address somewhat of a polemic. The greatness of the opportunity—the fact that an address given to you will be read where mere utterances of mine would be passed by—obliged me to take advantage of the opportunity you have given me, and to carry on the discussion. The course of this particular line of work has, as you are all aware, taken a sudden bound of activity within the last few years, and the reason is a very simple one. The immense success of the removal of ovarian tumours such as threatened to destroy life with absolute certainty, which followed the efforts of Baker Brown and Keith, led some of us, myself especially, to venture into regions where life was not necessarily, or, at least, not apparently threatened, but where suffering was persistent and unendurable, and where the sufferers had been proved by protracted trial to be outside the powers of ordinary remedial measures. In a recent paper by Sir Spencer Wells, published in the *Medical Times and Gazette*, the argument is completely dislocated and put in an altogether ——— fashion, and therefore I must here give a little attention to the views of that writer. He tells us that ovariotomy had, at one time, a mortality of 70 or 80 per cent., but I know not whence he gets his information. Doubtless it would be possible to find occasional examples of surgeons with a limited experience having such a heavy death-rate, but such an isolated case would not yield a fair statement of the facts. I read a few months ago in an American Medical Journal that in Italy there had been 100 cases operated upon with 63 deaths, and the newspaper recorded the fact that 34 surgeons were engaged in the sanguinary work. But when the work of men who can be called ovariotomists is examined, no such results are seen. Charles Clay was the first man who did ovariotomy in England, and his maximum of mortality in his first series of cases was 40 per cent., and it speedily fell to 25 per cent., and this is pretty much what has been recorded by Sir Spencer Wells of his own practice.

In the paper of which I am speaking, Sir Spencer goes on to say that "afterwards, when the strictest hygienic precautions were supplemented by antiseptics, and improvements in operative details were generally adopted, success became so great that ovariotomy not only took its stand as by far the most successful of any capital operation in surgery, but the risk attending it in a favourable case could truly be calculated as little, if at all greater, than that attending any case of natural child-birth, and, as a necessary consequence, early operations can be advised with less hesitation." The statements in this quotation are wrong from beginning to end. In the first place, the mortality of ovariotomy in the hands of Keith and myself still remains at or about three per cent., and we have shown the least mortality yet available. The mortality of natural labour, on the other hand, is certainly not .25 per cent. The statement that a diminished mortality has led to early operations ought to be exactly

reversed, for it is the early removal of tumours and the discontinuance of tapping which have largely contributed to our present splendid results Sir Spencer Wells' teaching inculcated the practice of tapping and its repetition until the patient was within measurable distance of the grave, but his successors have reversed all this with infinite advantage to their patients, and we now look upon tapping as a sort of surgical crime. This material alteration in practice led us, step by step, in the direction I have indicated, and we began to discuss the greater advantage to which I have just alluded. Every specialist is familiar with the large class of miserable women who wander about from hospital to hospital, or from consulting-room to consulting-room, seeking relief from their ailments unavailingly.

Let me take the first class to which Sir Spencer Wells alludes in his recent paper on cases of uterine tumour. There can be no doubt but that there are hundreds of uterine tumours that give no trouble at all, but these are not the cases that come to us. If a woman has no pelvic trouble, she does not present herself to the gynecologist, and if she has a uterine tumour which gives rise to no symptoms, that tumour, of course, remains undiscovered. But when she suffers from distress occasioned by pressure on viscera, from severe hemorrhage, or increasing size, she comes to us and asks for advice. Suppose we find her suffering from a uterine myoma, what are we to do? The answer to this question is like the answer to every other of a similar kind. If the tumour is small, the woman comparatively near her climacteric, and the hemorrhage such as can be moderated by a rest in bed and the use of ergot, then she can be advised to let the tumour alone; but if the woman be not near her climacteric, and the hemorrhage does not yield to treatment, especially after a fair trial of treatment, the tumour is found to be actually going on, then surgical treatment is demanded.

Of course, each practitioner of medicine does, and always must, carry on his work in his own way, and there can be no doubt that within certain limits the measure of his success stamps the rightness or the wrongness of his methods. James Syme used to teach us that there were three methods of conducting our professional business, but that there was only one way to real success. He said there were three interests involved. The first in order is that of the patient; second, that of the professional colleague; and third, that of the practitioner himself. Syme insisted that the several interests should be rigidly kept in the order in which he placed them, or things would be sure to go wrong. I have never heard sounder advice. I have never lost sight of it, and so far as within me lay I have striven to follow it. In the proposal of a new proceeding two dangers clearly occur. The first is that of the enthusiastic upholder of the novelty; he may be disposed to run too fast on the new line. The second is that of the obstructive who, merely a believer in the times that are past, can see no possibility of their improvement. For the first danger the remedy is a wholesome scepticism, leading into just and careful criticism; the remedy for the second is more difficult, for it involves the patient endurance of much misrepresentation, and a protracted combat upon the points of criticism which have no weight in themselves, and have an importance gained only by persistent reiteration. In the line of practice of which I am about to speak, the point most persistently urged against our new line of practice is that unnecessary operations are performed. Now, this is an argument which it is extremely difficult to argue upon, because those who speak on the two sides of the question start from altogether different standpoints. Those of a past generation, like Sir Spencer Wells, apparently regard it as justifiable to perform operations in this department of surgery only when life is pronouncedly in danger; we, on the contrary, of the younger school, believe we are justified in extending our practice for the relief of suffering, and we regard this as a higher function than that of the mere saving of life. To end the discussion on this point, I would point out that our critics endeavour to apply an arbitrary rule for the repression of abdominal surgery which has never yet been applied in any department of the art. Let me ask, if we find a man suffering slightly with the early symptoms of a small calculus, do we not at once proceed to relieve

him by removing it from his bladder? In fact, in the domain of what is called general surgery, has it not become the established practice to perform operations which are accompanied by very considerable risk of life merely for the rectification of deformities, such as bowed-legs and knock-knees, which have not the remotest risk of life attached to them, and which involve no kind of suffering. The ultimate court of appeal comes then to be the patient's own decision, and I do not find that persons prefer to go on suffering pain and the disabling effects of profuse loss of blood rather than submit to a surgical operation, the details and effects and ascertained risks of which are completely and candidly placed before them.

In the treatment of uterine myoma two alternatives occur, and these are both the subject of very hot discussion on my own side of the Atlantic; they are the removal of the uterine appendages, and the removal of the uterine tumour itself by the so-called supra-vaginal hysterectomy.

No one in Europe, at least only one so far as I know of any importance, doubts that removal of the uterine appendages arrests menstruation completely in the great majority of cases, arrests the growth of uterine myoma generally, and in many instances causes it to entirely disappear. Mr. Knowsley Thornton, Dr. Savage, Professor Hegar, myself and others, have reported numerous cases in detail. I have published a long series in the *American Journal of Medical Science*, but Sir Spencer Wells dismisses us all in the brief sentence: "Vague, unsupported assertions have little influence upon the opinion of a thoughtful or a sceptical profession." Sir Spencer Wells must pass his retirement in some other occupation than in perusing the modern literature of his specialty, and therefore his criticism need hardly engage our attention.

The great majority of cases of uterine myoma, which come to us for surgical treatment, can be quite satisfactorily dealt with, and it is an operation having a small and steadily diminishing mortality. Since 1878 I have performed it many times with few deaths, but am unable to give the exact figures just now. The arguments used against it are, first, that of its mortality, but this mortality is the inevitable result of early work, and is therefore not a permanent objection. It was an objection urged twenty-five years ago against ovariotomy, but it no longer holds good against that operation. The second objection is that myoma itself is not a fatal disease, but this argument is not in harmony with my own experience. Even if it were a just one, however, it is admirably met by the plea entered at Ryde by Dr. ————, of ————, in the discussion of my paper on the subject, to the effect that it is to the rights and relief of the majority that we must have regard, and that the function of our profession does not end with the saving of life, but is chiefly that of relieving suffering.

Two other objections have been urged generally against the removal of uterine appendages—that it sterilizes and destroys the patient's sexual appetites. Of course, a woman is completely sterilized by a uterine myoma ninty-nine times out of a hundred, so that the process of complete destruction of fertility is a matter of little moment. The other objection has been shown to be perfectly groundless, but even if it were not so, it could hardly be urged on the ground of morality that a woman should go on suffering because she ought not to suffer any diminution of that animal propensity which it is the chief object of the higher life of all religious culture to subject, and the subjection of which forms for all creatures the greatest difficulty in existence.

There are cases of myoma demanding surgical treatment upon which removal of the uterine appendages seems to exercise no satisfactory influence. Mr. Knowsley Thornton has made a very valuable suggestion—one which certainly deserves very careful consideration—that all cases of myoma requiring interference are first to be subjected to the removal of the uterine appendages, and then to subsequent operation if it should be necessary. The only objection to this I can offer at present is an incomplete one. I have pretty well satisfied myself that there is one form of myoma on which removal of the appendages exercises no control. The variety I have named the soft œdematous myoma. But it is not easy to recognize this form of tumour until after it has been removed. Again, there

are a few cases, very few I have found them to be, in which the appendages cannot be removed, and we must proceed to hysterectomy. Finally, the removal of uterine tumours has had such brilliant results in Bantock's hands that I am in hopes that a new era for hysterectomy is being opened out.

Another class of cases wandering about after relief are those upon whom I have operated in large numbers, and have found chronic and incurable disease of the appendages in the form of chronic inflammation of the ovary, chronic inflammation and occlusion of the tubes, these latter being occluded and distended by serum, pus, or blood. When I first published my work on this subject there was, of course, a large amount of incredulity expressed about it, and this incredulity was not much lessened by the exhibition of a large number of specimens at various societies, and their permanent exhibition in the museums of the colleges of surgeons. Many, particularly amongst my metropolitan brethren, loudly asserted that there were no such diseases, and Mr. Spencer Wells stated at the International Medical Congress in London that if such cases did occur they must all go to Birmingham. But Dr. Kingston Fowler has shown not only that they exist in London, but that they are far more fatal than I had any idea of, and that they have been and are overlooked and misunderstood in the metropolis just as they were overlooked and misunderstood in my own practice previous to 1878. Concerning this incredulity, please distinctly understand that I don't blame anyone for it. It is a necessary part of all human progress. I do not even blame my metropolitan brethren, as they seem to think I do, for not discovering these cases and properly treating them. That is the fault of the mechanical school of gynecology established by Simpson, and which still exercises a far too great influence over this department of our art. During the last twenty years displacements have had a great run, just as before that time everything was put down to ulceration, and no man considered himself properly armed for the treatment of disease unless he carried a speculum and a caustic stick about with him in his gig. The mechanical school revels in the sound and pessary, both useful enough instruments in their proper places, but, when misused, capable of endless mischief, for many of the so-called displacements are now known to be constituted by chronically inflamed and adherent tubes and ovaries which can be relieved by removal only.

You will ask me, at starting, to tell you how this disease may be recognised, and I have to answer that their diagnosis cannot now, and probably never will, be a matter of certainty. They begin generally in some acute attack of pelvic inflammation, from which the patient dates all her troubles; and when you get such a distinct history you ought at once to be on your guard. This illness may have arisen, for instance, in a closely-confined and confessed attack of gonorrhœa; or it may be an attack of pelvic perimetritis, occurring after a miscarriage or a labour; or it may have arisen in one of the exanthematic fevers or a simple cold. In some of the cases, however, you get no clear starting-point in the history, and then the diagnosis is generally more difficult. The symptoms are usually precise enough, yet unfortunately none of them are peculiar to the condition of which we are speaking. Pain is, of course, a leading feature; indeed, it is rarely without pain as a chief incentive that patients consult us at all. This pain is complained of as being constantly present, greatly aggravated by walking, and becoming intense for some hours or days before the period, and lasting throughout its continuance. Menstruation is usually too frequent and too profuse. In the great majority of the cases the uterus is somewhat fixed, and a tender mass can be felt on one or other side of it, perhaps on both sides and behind it. When the tubes and ovaries are down behind the uterus and adherent there—and this is by far the most common condition—the diagnosis to a beginner is very difficult. Nothing looks more certain and easy than the diagnosis of subinvolution and retroflexion, and without further consideration a pessary is introduced, with no other result than that of aggravating the patient's sufferings—in fact, I may say that at this point her troubles will begin to be serious, and she will wander about to collect various kinds of instruments from various practitioners, until she ends either a

helpless and hopeless invalid or dies from an attack of acute peritonitis.

In some of my most marked and most successful cases there have been no physical signs whatever, and I have felt myself reluctantly justified in interfering only by manifest reality of the patient's sufferings.

Here let me just say a word about the much discussed question of subjective symptoms. Everybody has heard the celebrated story told of Liston—that a hysterical girl persuaded him to remove a healthy limb for supposed disease of the knee joint. But is there any other story of the kind known? If there is I have not come across it. We certainly do meet with women who will tell the most extraordinary and incredible stories about their sufferings; but the stories are so inconsequent and contradictory that there is no difficulty in discounting them. Besides, they have no support from the presence of corresponding physical signs. A woman whose story is real has a sequent narrative, and she will submit to treatment; while the woman who is a humbug flies off in a —— the moment the suggestion is made that she should submit to an operation in which she risks her life. I have never yet known a woman submit to an abdominal section in whom I did not find abundant justification for its performance, even in cases where I had been extremely doubtful about its real necessity before I undertook it. I have known many patients to whom I have made the proposal as a test of their reality, and who have, much to my satis faction, speedily taken themselves off to some other practitioner.

Of the details in these operations in these cases I have no time to speak. Indeed, I could deal with them satisfactorily only in a series of lectures. Suffice it to say that the operations are extremely difficult, for the structures are always very adherent, and the operator has nothing to guide him save the erudition of his touch. Concerning the cases of occluded and distended tubes, some of my critics have suggested, without any experience, that something short of abdominal section might suffice for their successful treatment, such as tapping the tubes from the vagina. But a trial of this proceeding long ago satisfied me of its impracticability and its uselessness, and my growing experience confirms me in the conclusion that we have no alternative.

I am often asked concerning the subsequent history of these cases, and I am able to say I have published the details that the great majority of them are relieved at once and completely by the operation. There remains a tenderness of the stumps in some of them for some months. In four very bad cases fœcal fistulæ formed, but in two the sinuses have healed and the patients are perfectly well. In the third case the fistula opens still at occasional intervals; and in the fourth case, by far the worst I have ever had, the patient being literally at death's door when the operation was performed, the fistula still remains, some twelve months after the operation, but even here her health has so greatly improved that I am hopeful of its permanent closure in time.

I have occupied your time already at too great length, and yet have left myself no time whatever to speak of a great variety of topics within the limits of the subject of my address of which I fain would have spoken—subjects entirely novel, and full of the deepest interest alike to the practical surgeon and to him who takes but an interest of a literary kind in the progress of our art. In fact, it is a matter of regret to me that I cannot address such an audience as this in a series of lectures rather than in an address which must necessarily be brief. It is one of the great defects of a position such as I hold—a defect inherent to a special line of practice—that it practically shuts out its follower from any chance of being a teacher. Besides this, I feel strongly as acting to my own prejudice, and I am certain it is a misfortune that those who, like myself, are very largely engaged in work strictly limited to a department, can never communicate as successfully the results of their experiences as can those who are engaged in teaching. I regret, therefore, that I must pass over without mention the important field of new work which has been opened up within the last few years in the surgical treatment of the liver, spleen, kidney, and intestines. I cannot even stop to speak of many other less striking, but no less important subjects, such as the treatment of

pelvic abscesses by abdominal section and drainage, though all these are of less import ance, in so far that they excite but little hostility; and what I have to say further to you I propose to limit to a brief discussion of a proposal made by Dr. Rowland Batty for the production, artificially, of the menopanse for the purpose of indirectly benefiting patients from conditions more or less neurotic, the symptoms of which are apparently influenced by the recurrence of menstruation. It must be perfectly clear to the most casual observer that this is a field of an extremely ill-defined character—one which, at first sight, offers very intangible prospects of success, and in which the indications even of success must be very vague and indefinite. There can be no doubt that a large number of women suffer in such a way as to make it perfectly clear that if they were relieved from recurrent menstruation they would be improved materially, but there can be as little doubt that the application of this idea—in itself a brilliant one—requires the utmost care. I have no sympathy with stupid obstructionists who, because they scent danger in the air, would absolutely prohibit its application; but I have sufficient regard for the expression of every kind of professional opinion to recognize the necessity for the full exercise of caution. When the proposal was first made, I recognized this so fully that I selected for whatever experiments I should make in this direction a disease concerning the reality of which there could be no doubt whatever: I mean epilepsy. It is a per fectly easy thing to recognise by two facts alone any case of genuine epilepsy from mere hysterical imitation. It was, I think, Dr. John Hughes Bennett who clearly established the facts that none but the true epileptics ever seriously hurt themselves during the attacks, and that after the fits are over the epileptic is always somnolent. It is certainly the case that in a large number of cases of epilepsy in women the incidence of the disease is concurrent with menstruation. It is also true that every epileptic woman, certainly whose case I have investigated, is worse during the menstrual week than at any other time. In some cases the epilepsy is absolutely limited to those days of the month during which the menstrual flow is in existence. It was, therefore, a perfectly easy thing to select a number of cases in which the experiment of Batty's operation seemed capable of justification. For the purpose of trying the experiment I selected six cases, and to these I have absolutely limited its application, though from the number of cases who have been sent to me for the specific purpose of having the operation performed, I suppose I might have been able by this time to have placed several series of attempts on record. The reason of my careful restriction has been that I did not care to prejudice the results of my other work by complicating it with what seemed to me a doubtful kind of proceeding, but all my care has been to some extent fruitless, for I have been persistently charged by a certain class of writers with having performed a large number of useless and unnecessary operations in removing normal ovaries from women suffering from nervous disorders. Indeed, so late as July 5th last, Sir Spencer Wells wrote the following sentences which, though they may have been intended for some one else, I cannot but suspect were levelled at me. They are as follows: "Just now something more than a word of caution against rash, dangerous, and unnecessary operations is called for. We are startled by the reports of the removal of normal ovaries of young women suffering from nervous disorders, which may be exaggerated as imaginary; and it is to be feared that our professional honour is at stake, and that abdominal surgery in its latest developments is open to the denunciation hurled against the earlier ovariotomists, and that with more reason than in 1850. Lawrence's question must be repeated, whether such operations can be encouraged and continued without danger to the character of the profession, and West's assertion that the fundamental principle of medical morality is outraged, cannot now be satisfactorily refuted."

Though I am fairly familiar with the literature of abdominal surgery during the last ten years, I am absolutely ignorant of anything which can possibly justify such ridiculous exaggeration. I have publicly challenged Sir Spencer Wells to indicate the proceedings to which he alludes, and to produce the evidence upon which

he bases his charges; but up to the moment of my leaving England he had not taken up the gauntlet. It is a somewhat remarkable fact that, in another journal of the same month, the same writer actually pleaded in favour of the removal of tubercular lungs, that such an operation would be justifiable if it saved one patient in twenty of those operated on, and it seems to me absolutely impossible to reconcile such a recommendation with the denunciation I have just read. So far as my own work in Batty's operation is concerned, in not a single one of the six patients operated upon were the uterine appendages normal. Two of them were carefully investigated by independent observers, one of whom was the well-known and accomplished pathologist Mr. Alban Doran, by whom the patients were fully described, and they were figured in the *British Medical Journal.*

The results of these operations were, in the first place, that all the patients made easy and uninterrupted recoveries; the operations were performed after the most careful consultation, and with the full cognizance on the part of the patients and their friends of the results which were certain, and the entirely speculative nature of those it was hoped would be obtained. As I have already published the cases in detail, with the exception of the last, which was only performed a few weeks ago, I need not here repeat them, save in general terms, and that is to the effect that in two cases the results are such as to completely justify the proceeding. In both of these the disease before the operation was so intense that it was threatening life, but now it is almost entirely subdued, and the health of the patients has been enormously improved. In one case, the disease was arrested for a year and a half, and though it is now returning the patient has been transformed from a wretchedly, feeble and broken-down girl into a healthy and robust woman, although affected by epilepsy almost as badly as before. In two others, the disease has been greatly modified, and the health of the patients has been immensely benefited.

From this brief record it is quite a matter open for discussion as to whether the continuance of the proceeding can be recommended, and I am bound to say that I have not myself a very strong opinion in the affirmative; but I think, if I had a daughter with feeble health, the result of pronounced menstrual epilepsy, I think I would advise her to have the operation performed. From what I have seen of it myself, I think there can hardly be any risk about it, and if performed with the precautions indicated, I do not think it can be brought under the sweeping category of Sir Spencer Wells as being either rash, dangerous or unnecessary. There is another argument, and I think one that may be said to have some moral force, in that it will assist in the prevention of the distinctly pronounced hereditary tendency of the disease, and we should at least hesitate before we entirely condemn it. Certainly a great deal more can be said for it than for the proposal of pneumomotomy for phthisis, on the assumption that the removal of a lung would only save one patient out of twenty. Removal of the uterine appendages for epilepsy would probably not kill more than one per cent., and I am certain it would materially relieve fifty per cent.; it would improve the health of the great majority of patients, and I don't think it would make any of them worse than they were before the operation. I am hopeful, therefore, that the verdict of professional opinion will not be adverse to a fair and reasonable trial of Dr. Batty's proposal, and I trust that the freedom from the prejudice and the shackles of tradition which we find on this side of the Atlantic will secure for it a fair field.

And now, in conclusion, let me thank you most sincerely, and not only you, but many other professional bodies and large numbers of professional friends, for the kindly, I may say overwhelming, reception I have met with at your hands. For many months before I left home, there arrived hardly a mail which did not bring me invitations to partake of public or private hospitality, and these kind expressions of regard brought forth feelings of deep regret that my stay here could not be prolonged for as many months as it is limited in days. There is one thing in this reception I recognize above all others, and it is, that you are treating me not on account of any merits of my own, but as the representative of a large body of men in my own land to whom you have owed much in the

past, and with whom you are in the present united in a common bond of brotherhood and community of sacred purpose. I predict that in the future this union and unity will be more and more complete.

That it ever should be endangered would be a disaster for humanity. As the blunder of a century ago, which severed from the old country her most prosperous children, kept the whole progress of the world in abeyance for nearly two generations, so any future instance would be more disastrous still. God grant that we may never see it!

DISCUSSION ON MR. LAWSON TAIT'S ADDRESS.

Dr. Grant, of Ottawa, said he considered it a high honour for this Association to receive a visit from so distinguished a member of the British Profession as Mr. Lawson Tait. He had listened to his admirable address with the deepest interest, and had very much pleasure in moving that a very hearty and cordial vote of thanks be presented by the members present.

Dr. Brodie, of Detroit, said it gave him very great pleasure, as a member of the American Association, to join with his Canadian brethren in extending a cordial welcome to this distinguished surgeon. He heartily concurred in Dr. Grant's remarks, and would gladly second the motion.

Dr. McMillan, of Hull, England, expressed the pleasure he felt in meeting the members of the Canada Medical Association. He doubted the advisability of removing the ovaries when no objective signs were present. He thought that Sir Spencer Wells' remarks on this subject were addressed more especially to young men, whose experience might be less than their enthusiasm, and not to men of large experience. Under the circumstances such words of caution were likely to have a salutary effect.

Dr. Trenholme, of Montreal, said he had performed the operation of removal of the ovaries twelve years ago, in a case where there was severe menorrhagia and metrorrhagia, with marked benefit to the patient. In recent years he had performed the operation frequently, and the results were, as a rule, satisfactory.

Dr. Hingston, of Montreal, contrasted Mr. Tait's eulogy of Canada with Dr. Knox's abuse of it, and agreed with the former. He congratulated Mr. Tait on his and Dr. Keith's disuse of Listerism in abdominal surgery, and thought the splendid results they had obtained were largely due to it. He thought with the speaker that the ligature should take the place of the clamp in securing the pedicle, and that the use of the perchloride of iron was a mistake. So far he was entirely with Mr. Tait, but there were some things on which he differed. He took exception to the criticism on Sir Spencer Wells, and thought that public opinion, which had pronounced unmistakably in Wells' favour, was not a bad criterion. He thought it highly dangerous to take Mr. Tait's rule for their guide as to the necessity of an operation, namely, that serious cases submit to operations and the hysterical do not. His (Dr. H.'s) experience was somewhat to the contrary; that the hysterical carried out their acting to the end, at least in America. He gave several instances of that in illustration—one especially, out of many, where he had been implored to remove the appendages in a young person—and when, on declining, the patient afterwards married, and all the symptoms had disappeared. He thought that when the objective signs were clear, no hesitation should be experienced in operating; but when the signs were altogether subjective, operations would be performed by Mr. Tait's enthusiastic disciples that were unwarrantable. This question had a moral bearing which did not crop up in some other operations. An unnecessary operation of this nature was a crime against society, and it interfered with the interests of the state. He thought sterility unnecessarily induced in this way was an unmixed evil; and subjective signs alone were misleading and not to be trusted. He did not agree with Mr. Tait that the operating surgeon could under those circumstances place the responsibility on the shoulders of the general practitioner who had advised the operation in the first instance. Responsibility properly rests in this, as in all other surgical operations, on the one called in the last instance not only to do the mechanical work, but also to counsel and advise as to its necessity. He gathered from the fact that only a few (6) out of several hundred cases of epilepsy had been selected for

operation, that Mr. Tait had not pronounced strongly in favour of the operation in these cases, and here he agreed with Mr. Tait.

Dr. Brush, of Utica, N.Y., said—He rose, with some diffidence, to make a remark or two upon the very excellent address of Mr. Tait. The subject of abdominal surgery, although falling outside of the special line in which his practice has been directed for some years—lunacy—was one in which he had always felt a deep interest. Under the tuition of Prof. Miner, of Buffalo, N.Y., his beloved preceptor, he saw some of his earlier operations which gave to the world the process of ovariotomy by enucleation, and it had been his pleasure to watch the impetus which that valuable and unique suggestion gave to abdominal surgery.

He regretted that the eloquent speaker did not refer to the removal of the uterine appendages in certain cases of insanity, to hasten the menopause—but would, however, carry with him from this meeting a large amount of encouragement in the consideration of an operation which has for a long time been the subject of his thoughtful study. Prof. Wm. Goodell, of Philadelphia, has already reported a few cases, in the *American Journal of Insanity*, in which he had successfully performed Battey's operation for the relief of insanity in patients in whom there was marked increased mental disturbance associated with the menstrual flow. With these cases in view, and bearing in mind Mr. Tait's six cases in which he operated for the relief of epilepsy, and the statement which he has made, that a mortality of not more than one in five hundred need be feared in making the operation for the removal of the uterine appendages for the relief of nervous symptoms, he would go home with increased faith in the propriety—nay, even the necessity—of the operation, in certain cases.

Dr. Heywood Smith said he quite agreed with what Mr. Lawson Tait had said as to the greater difficulty in the operation for removal of the uterine appendages as compared with ovariotomy. In coming to a conclusion as to the advisability of the operation, we ought always to bear in mind the difference between the rich and poor. A rich lady could afford to suffer—*i.e.*, she could afford to lie up and keep quiet and obtain medical relief, but a poor woman has to get her living, to exert herself, and could not, therefore, get that relief that was obtainable by her richer sister; in her case, therefore, the necessity for an operation was more demanded than in the case of the richer.

As to the effect of the operation on fibroid tumours, his opinion was that it was of more use in cases of soft tumours than in those of a more dense structure. We had seen cases where, after the removal of both ovaries, profuse hæmorrhage continued so as to endanger the patient's life. But in the case of severe dysmenorrhœa, the result of chronic ovaritis and subsequent morbid changes in the ovary, we are convinced that the removal of the ovaries held out the best prospect of cure.

With regard to what Mr. Tait had said as to the carbolic spray, he must say that, in his opinion, cases could be operated upon with less risk with it than without. He also occasionally used eucalyptus. He was the first to use it in ovariotomy in London. It had the advantage over the carbolic spray in that there was no noise nor wet fog. In reckoning the advantages to different operations of the spray or the reverse, we must be careful to estimate the growing experience of each operator, and not hastily set aside Listerism under the idea that it is useless or worse, when increased success may most probably be due to the increased experience in operating. As an instance of what antiseptic measures could do, he would mention that at the chief Lying-in-Hospital in London (N. British), of which he had been Senior Physician for more than twelve years, the mortality during the past three years, during which they had used carbolic spray in all the wards, and otherwise carried out strict antiseptic measures, had been reduced to .062 per cent. He would also state, in answer to the remarks of another speaker, that, as a matter of fact, the removal of the ovaries did not interfere with the sexual appetite, nor did it make women scraggy; on the contrary, many became plump after the operation.

Dr. Gardner, of Montreal, said he had been in the habit of removing submucous myomata which caused dysmenorrhœa, menorrhagia and metrorrhagia with Thomas' serrated spoon, and

would like to ask Mr. Tait if he considered the removal of the appendages more safe or more effectual in such cases.

Dr. Protheroe Smith, of London, Eng., referred to the fact that bleeding was very common in his younger days, and said he thought that the discontinuance of bleeding, by favouring congestion of internal organs, had made ovarian disease much more common in recent years.

Dr. Fulton, of Toronto, asked Mr. Tait if there were not cases in which tapping for the purposes of exploration was admissible? And if in some cases where there was extreme distension of the abdominal walls, it was not safer to withdraw only a portion of the fluid at first to reduce the distressing symptoms?

Mr. Lawson Tait, in reply, said that as Sir Spencer Wells had never been reticent in knocking other people over the knuckles, he must not expect to escape from similar treatment. Doubtless Sir Spencer would continue the discussion after his own fashion. Mr. Tait had only to say that any criticism he had ever made of Sir Spencer Wells was with most friendly intentions, dictated by an intimate acquaintance extending over many years.

Dr. McMillan and Dr. Hingston had both somewhat misunderstood what he had said about operations performed in the absence of physical signs. Those cases were absolutely limited to three cases of epilepsy and about three others in which the operation was urged, and the whole responsibility of its performance was accepted by the medical attendant in charge of the case. Such an instance was published by Dr. Ertulby in the *Lancet* about three years ago. Dr. Ertulby pressed me to perform the operation, and undertook its whole responsibility. As we found double pyo-salpynx, the operation was entirely justified. The real protection alike of patient and surgeon is the introduction of the family physician, by whose concurrence the possibility of the performance of an unnecessary operation would be reduced to a minimum.

It must, however, be remembered that surgeons who practise this department of the profession are as fallible as other human beings, and that with them mistakes must surely occur. They are to be judged, and their works also, by the same standards applied elsewhere, and not by others of an unjust and more exacting character.

In answer to Dr. Gardner, he would say that his own experience was wholly in favour of removal of the uterine appendages as a far more safe operation than enucliation. Not only so, but as Mr. Tait had published cases where fresh tumours had grown after enucliation and removal of the appendages was ultimately required, he thought that the latter operation was in every way preferable.

Like his friend, Dr. Protheroe Smith, Mr. Tait carried a lancet, but only as a surgical curiosity; he had never used it. There could be no doubt that ovarian disease was on the increase, but he could offer no explanation of the cause thereof. It certainly did not lie in the discontinuance of the practice of bleeding.

In reply to Dr. Fulton, Mr. Tait had to say that tapping never could help in a diagnosis as an exploratory incision could, and it was quite as risky. A small two-inch incision revealed in most cases the precise nature of the tumour, and allowed all fluid to be completely evacuated, if nothing more could be done.

DISLOCATION AND FRACTURE OF THE BODY OF THE FOURTH CERVICAL VERTEBRA—COMPRESSION OF THE CORD—DEATH IN TWENTY-FOUR DAYS AFTER THE ACCIDENT.

BY JAMES THORBURN, M.D.

Read at Ontario Medical Association, Hamilton, June, 1884.

History of the Case.

Mr. P., aged 45—a strong, athletic man—while bathing ran into some shallow water and, plunging forward, struck his head on the bottom. His friends observing that he did not rise to the surface as usual, but floated in the water with his face submerged, brought him to the shore and laid him on his back. He had lost all sensation and power of motion of the body. He exclaimed, "I am killed—my spine is broken."

The patient was removed from the scene of the accident to Toronto, where I first saw him.

He complained of great pain in the neck and right shoulder—he had lost all power of motion of the body and extremities, and all sensation, with the exception of slight sensation on the anterior part of the chest, as far down as the third rib, and down the inner side of the arm.

The patient was quite conscious and conversed freely—pulse 68 and tolerably full. Respiration labored and diaphragmatic. Pupils much contracted and marked intolerance to light. The least motion of the head caused great pain. No irregularity in the line of the cervical vertebræ was noticed. On precussing the spine considerable pain was elicited over the site of the fourth and fifth cervical vertebræ. He expressed a desire to have his head extended; this was done by gentle extension and counter extension; this measure afforded him some temporary relief.

On the third day after the accident the pulse fell to 48 per minute, and remained about that figure throughout his illness; the temperature continued somewhat above the normal. About this time he complained of distressing sensations in his extremities and body, such as a feeling as if his legs were being crushed together, or as if his extremities were flying about in the air—feelings of crushing weight on his chest, etc.

On the fourth day the urine became alkaline, and later on ammoniacal, and contained soapy mucous, and toward the end the urine contained pus.

On the fifth day he could move his head slightly without assistance.

Priapism was a troublesome symptom, and came on the first day and continued almost until his death.

A source of great annoyance after the eighth day was intense itching of the nose, specially about the alæ nasi, and twitching of the facial muscles.

On the 17th day the nates showed a tendency to slough. The mind remained clear until the last, with but a slight interruption. He died on the twenty-fourth day after the injury.

Post Mortem Examination Twenty Hours after death.

It was discovered that an almost complete bilateral dislocation had taken place between the fourth and fifth cervical vertebræ, with slight oblique fracture of the posterior part of the inferior surface of the body of the fourth cervical vertebra, the fourth cervical vertebra,

as is usual, being displaced forward, and carrying with it the portion of spine above it. The fifth cervical vertebra, and with it the spine below, being displaced backwards, compressed the cord between it and the posterior spinal arches; no doubt, the cord was crushed at the time of the accident, the superior articular processes of the fifth cervical vertebra being completely dislocated from and forced behind the inferior articular processes of the fourth vertebra. The intervertebral substance between the bodies of the fourth and fifth vertebra was torn through.

The membranes of the cord were but slightly injected; the medullary substance of the cord was completely disorganized. There was no extraversation of blood or effusion between the spinal membranes.

In the treatment of such cases there is quite a diversity of opinion among writers on the subject. In this case the patient was given mild fluid diet, the urine drawn off twice daily. Enemata of soap-suds and turpentine were administered and anodynes given throughout the

case when the symptoms indicated the necessity therefor.

There is some difference of opinion amongst authorities as to the propriety of and the extent to which we should have recourse to operative procedures to relieve fractures or dislocations of the vertebræ.

In the case of fracture of the posterior arches of the spinal canal, when the fragments have been driven in upon the cord, the operation for raising the fragments was first proposed by Heister and performed by Louis and Cline, but without success. Dr. Gordon, of Dublin, had a successful case. The operation has been performed thirty or forty times, principally in America. Erichsen thinks we should not discard the operation. He says, when referring to the fractured fragments being driven in upon the cord, "We are justified in removing this source of certain misery and impending death by the only means in our power, viz.: operative procedure. Sir B. Brodie, Alexander, Shaw, Malgaine, Bryant, and others disapprove of the operation of raising the depressed fragments.

Bryant says: "When the cord is much injured by the accident, the mischief has already been done, and no removal of the displaced bone can undo it or neutralize its evil."

Le Gros Clark says: "Indeed, my opinion is, that the operation has been advocated on the erroneous hypothesis that the spinal cord can be compressed without serious disintegration of its texture."

In the case of dislocation of the vertebræ when the dislocation has been unilateral, that is, the articular process on one side only being dislocated from its fellow, quite a number of instances of successful reduction might be given.

Dr. Ayres, of Brooklyn, reports the successful reduction of a bilateral dislocation of the fifth cervical vertebra; from the symptoms present the dislocation does not appear to have been complete, as the function of the spinal cord below the injury was not completely destroyed, while the dislocation was still present, showing that the cord was not very much compressed.

Dr. Hardwich, of Epsom, also had a successful case.

Mr. Tuson, of Middlesex Hospital, reports two successful cases of reduction of dislocated vertebræ—one between the last cervical and first dorsal, the other in the cervical region; he does not particularly specify where.

In those cases where reduction has been accomplished with benefit to the patient there was no evidence to show that the cord had been seriously injured, as recovery was very rapid after the dislocation was reduced, which would not have been the case if the cord had been severely injured by compression. We know, moreover, that some cases recover without any surgical interference.

In the case presented to you there was positive evidence of most serious injury to the spinal cord at the time of the accident, as all the symptoms indicated, and which subsequently was verified by *post mortem* examination.

You will have noted that this patient lived twenty-four days after the injury; this is much longer than the average length of life after so severe an injury as the one described, occurring in this portion of the spine; the average time at which death occurs is at the end of three to six days from the time of receiving the injury.

LATER ANTISEPTICS IN PRIVATE SURGICAL PRACTICE.

BY N. A. POWELL, M.D., EDGAR, ONT.

Read before the Ontario Med. Association, Hamilton, June, 1884.

In discussing the treatment of wounds, a subject confessedly the most important in the whole domain of surgery, we have no longer to ask, "Shall antiseptics be used?" That question has been answered, and in its place have arisen the queries "What antiseptics shall we use?" and "How shall we use them so as to obtain for our patients the greatest safety and benefit, and for ourselves the least trouble and expense?" The principles which underlie their scientific use, and with which for all future time the honored name of Sir Joseph Lister will be associated, briefly stated, are:—1st. That in the air, in fluids, and in the dust around us there exist particalate living bodies which may gain access to any wounds not subcutaneous. 2nd. That entering a wound they are the active agents in setting up putrefactive fermentation in its discharges. 3rd. That if they are abso-

lutely excluded or are rendered innocuous, fermentative changes, with their frequently disastrous consequences, will not ensue. These principles the surgical world has, either in words, or in actions that speak louder than words, accepted as proven. Founded upon them we had till recently only that system worked out by the father of all antiseptic surgery, and known by the name of Listerism. It aims to prevent the entrance of germs into wounds, and to keep these wounds strictly aseptic. Volkman modified this by washing the germs from the wound while it was exposed, and then protecting it from them by a dressing similar to Lister's. Billroth disregards the entrance of germs into wounds, or their presence in discharges, but depends on destroying their power for evil by the presence of an antiseptic powder. While carbolic acid remained the only or the chief antiseptic, no modification of Listerism was advanced suited to the requirements of private practice. The original method of Lister, befogged with spray and enshrouded in the folds of a mysterious gauze, the proportion of antiseptic, in which might be anywhere from 5% to $\frac{1}{2}$ of 1%, poisoning the patient or keeping his wound sodden and in an unfavorable state for rapid healing, irritating the wound till its discharges soaked through the thickest dressings, intricate, troublesome and expensive, had but one thing to commend it to the general practitioner. That one thing was the success attending its full and careful use. My practical experience with it began in 1873, in the treatment of a compound fracture. Ever since then I have followed, sometimes perhaps afar off, the practice of the Lister school. By doing so I have reached some results that by ordinary methods, I could not have hoped for. Of these I shall mention here only one series: Five penetrating wounds of the knee-joint, chiefly axe-cuts, recovering perfectly and promptly. It is but just to say that ice supplemented the action of the antiseptics in each of these cases. In the treatment of less grave wounds, I have like others been seeking constantly for simpler, safer and less costly methods. The spray I long since abandoned for the douche, and the unstable carbolized gauze for that prepared at the time of use with Von Brun's solution. But it is only since the later antiseptics appeared and their value was demonstrated that I have felt the slightest danger of becoming a contented routinist.

Named in the order of their importance these are: The bichloride of mercury, iodoform, boracic and salicylic acids. Within the last four years they have been employed by numberless careful observers, and conclusions as to their safety and relative value have been reached. The most exact and extensive of these observations have been made in Germany. Based upon the methods of their use in that country, as described in recent literature, or as followed or modified in the New York, Roosevelt, Mount Sinai, and German hospitals of New York city, where I have lately had opportunity of studying them, I wish to describe a method of wound treatment particularly adapted to the needs of private surgical practice. At the same time I do not wish to go on record as advising that any one method of treatment be used for all classes of wounds. The shoemaker who works on a single last is not the one who fits his customers most exactly.

The aseptic condition, close approximation, drainage, the elastic pressure of dry and absorbent dressings, rest and protection, *these* are what we should aim to secure, and through them by the method now to be described, we may expect most wounds to heal without suppuration and under a *single* dressing. Under an essentially similar method, Esmarch and Neuber of Kiel, found it necessary to change the dressings more than once in but 11 out of 212 cases of extensive wounds. Made, closed and protected in this way, one may leave, as I frequently have left, wounds to await a convenient hour for further attention at any time within ten days. Pain, fever, or the appearance of discharges are to be reported by the friends of the patient at once, and are the indications for the renewal of the dressings.

It will be convenient to suppose that a tumour of moderate size, situated on the fore-arm, is to be removed at a country farm-house. The arm of the etherized patient is brought through an opening in a rubber sheet, and the upper part of this opening is drawn closely and secured by a safety-pin, or is laced or contracted by a purse-

string of elastic tubing. The folds of the sheet are then so disposed as to convey fluids into anything convenient, placed on the floor to receive them. Next comes the thorough cleansing and disinfecting of the part to be operated on, and of the hands of the operator and his assistant. Soap, hot water, and a nail brush first, and then a solution of the bichloride of mercury, 1 : 1000 should be freely used.

At the New York hospital, in the service of Dr. Weir (to whom personally and to whose writings I am much indebted), the field of operation is also bathed with turpentine and alcohol, 1 to 7. The standard antiseptic solution may be prepared easily and with sufficient exactness when and where wanted by dissolving an 8 grain sublimate powder in each pint of water. I am in the habit of carrying these powders in a hard rubber pocket match safe. The recent discovery by Sir Joseph Lister that sublimate is soluble in $1\frac{1}{2}$ times its weight of glycerine, may furnish a still more convenient mode of preparing our solutions. Such a glycerole would doubtless diffuse in water more rapidly and uniformly than a powder could dissolve. The 1 : 1000 solution is to be mixed with an equal measure of hot water, for use in cleansing sponges and douching the wound. A tank, a fountain-syringe, or Esmarch's inverted and bottomless bottle, arranged as I show you, may be used, but most convenient and portable of all is the syphon douche now presented. This consists of a sinker weighing 3 oz., attached to one end of a tube of thick rubber 4 or 5 feet long, on which has been slipped a clip to close the tube when desired. These replace the short afferent tube and light sinker of any good syringe made after the Davidson pattern. Any pitcher will do for a reservoir, and the thick tube coming over its edge will form a curve instead of an angle, which would occlude it partly or completely. A fine nose tip of hard rubber is convenient during operation, but a tapered tube must replace it to inject the drainage tube and the deeper parts of the wound. Constant irrigation, though not required, is harmless. Since the mercuric salt acts injuriously on instruments, rusting and dulling them, and loosing its strength in doing so, we have yet to use for their disinfecting a saturated 1 : 20 aqueous solution of carbolic acid. In this strength carbolic acid benumbs the fingers dipped frequently into it; hence it is well, when one is his own assistant, to place a towel wet with bichloride solution, when the instruments in use can be for the moment laid down, instead of being returned to and fished out from the carbolic lotion as wanted. The cutting instruments can be conveniently at hand on a plate or platter, while a bowl makes a bath for the forceps. Of these last, since the securing of every bleeding point is so important when the effort is to gain entire primary union, I make mention of the exceptional value of Sir Spencer Wells and Pean's pressure forceps, and of the torsion forceps of Fricke. Good models of these are shown, since bad ones are common. The plan of going down for a bleeding vessel, and lifting into view successively deeper and deeper portions of tissue with a pair of dissecting forceps held in each hand, is worth referring to in this connection. Sponges should be kept and carried in a sublimate solution. Dr. Weir showed me a rubber ice-cap, with large hard-rubber screw top, which made a very convenient receptacle for them. Not less than three basins of warm 1 : 2000 solution should be provided for the cleansing of the sponges. Passing through these in rotation, they reach the operator clean and dry. This point I should hardly have mentioned if I had not seen sponges so often thrown into and taken from the same basin during an entire operation. Many surgeons, who would not think of using dirty water for their own faces, apply it without stint to their patient's wounds. The tumour removed, every bleeding point is to be secured by torsion or the catgut ligature so as to leave a dry wound. At present, in New York, catgut which after preparation, has been kept in oil of juniper or in absolute alcohol, is used almost entirely. It ties and keeps its knot better than that preserved in carbolized oil. In ligating arteries, I use now only the two larger sizes, as the smaller ones are not strong enough to stand being tied, as Robert Liston said ligatures always should be, "devilish tight." For sutures, however, and in particular for the "sunken sutures" of the Germans—those by which we close together muscle to muscle in the deeper parts, tying the knot far below the skin and obliterating the wound, they are excellent.

The lines of drainage should be next arranged, and in them placed one or more absorbable tubes. I show you those of Neuber, imported from Germany, and those of MacEwan, made by my assistant, from the femora and tibiæ of chickens. Since the one form has with me succeeded as well as the other, and since the natural tubes can be bought in the flesh for about the same price as the drilled and turned ox-bone in oil, my decalcified tubes in future will, I think, be after-dinner considerations. If the wound is to be dressed again within a week, either rubber tubes, horse-hair, or Chiene's chromic-acid catgut may be used. The two last I have not found to drain pus well, though they are excellent for the early serous discharges. For closing the wound, catgut should be preferred. Horse-hair answers for adjusting the edges of the skin, and silver wire secured by lead buttons may be needed to sustain tension. If silk be used at all, it should have been prepared by boiling for an hour in a 5% carbolic lotion, and should have been kept in one of the same strength. The line of union is to be dusted with iodoform, and then covered with several handkerchiefs of 10% iodoform gauze, or ¼ of 1% sublimate gauze, over which a roller of the latter material is to be applied. The dressing is completed by the adjustment of bags or pads filled with some one of the absorbents presently to be spoken of, by a second roller, and a splint to secure perfect rest to the part. Cheese cloth, boiled in a soda solution to remove fatty matters, and then washed in water to get rid of the alkali, answers for the preparation of the handkerchiefs, the bandages, and the pad covers. Iodoform gauze is made with this very simply, by Billroth's plan of rubbing the crystals into the meshes of the cloth. From 10 to 20% will be retained. Another method is to saturate the cheese cloth in iodoform 50 parts, ether 250 parts, alcohol 750 parts, and allow the fluids to evaporate. This gives a 10% gauze. Iodoform is always a dessicating dressing, hence it is important to bring the ends of the drainage tubes through the layers in contact with the wound. Neglect of this in one case where I had drained a compound fracture extending into the elbow joint, caused the end of the drain to be sealed in the antiseptic scab, the serous discharge to be retained, and the temperature to rise to 103° F. All went well again when the mistake was corrected. The great value of iodoform lies in its permanence. It constantly evolves an antiseptic influence, as penetrating and as persistent as its own odor. Being non-irritant, a moderate quantity between the lips of a cut will not prevent union by the first intention. Neuber warns us that not more than 45 grains should be applied at any one time to a raw surface. When first introduced, large wounds, as after hip excisions, were filled with it, and deaths followed. Now we have the authority of Lister, Macormac, Longman, Billroth, Sands, and many others, for considering it to be the best-known antiseptic for direct application to wounded surfaces.

The bichloride gauze is made by simply saturating the cheese cloth with bichloride of mercury, 20 parts, water 4,480 parts, glycerine 500 parts, and allowing it to dry as far as the glycerine will admit. Its active agent, besides being the most powerful antiseptic of which we have any knowledge, is always at hand, is safe, permanent, pleasant to handle, and is only irritating to the extent of producing an occasional slight dermatitis.

We come now, and finally, to the absorbents which may be used to soak up and keep harmless all fluids which our internal drainage has brought to the surface. Of these I show you hygroscopic cotton and the same containing 15% of boracic acid. They will each take up, as I have found by experiment, 16 times their own weight of water; wood-wool, 14 times; german peat, 12 times; and jute, 8 times. Dr. Weir is now testing the ordinary moss of our woods as an absorbent. After drying it in an oven to kill the insects it may contain, he finds it soft, elastic, and able to soak up about four times its weight of water. The *New York Medical Record* of last week contains a letter from Dr. Lydstone, of Chicago, advocating the use of punk or spunk, a substance used by dentists to dry out cavities in teeth. I show you a piece, part of which, when tested, was found to absorb 11 times its weight of water. I have not been able to obtain wood-wool from the paper makers here. That shown and also the peat came from Germany. Both are exceedingly cheap, costing only six or eight cents per pound in original

packages. Specimens of each are shown as they come to us, others impregnated with equal parts of corrosive sublimate and glycerine in 200 parts of water, and still others, sewed in bags of sublimate gauze ready for use. The wood-wool is made from pine of non-resinous character, is soft, cottony in texture, elastic, and clean to work with. I prefer it to any thing excepting the cottons, which cost many times as much, or peat which costs about the same. Wood-wool collapses when thrown into or saturated with water. On this account the roller first applied should not cover any dressings containing it, or the pressure may not be maintained and the result may be compromised. It has, as was recently pointed out by Lister, in the discussion at Woolwich on antiseptic field surgery, the same composition as cotton rags, which may replace it if used in sufficient mass. Dr. F. Lange, who is perhaps the best exponent of German antiseptic surgery in this country, is partial to borated cotton arranged in thick sheets and covered with sublimate gauze. I show you a "compound borated dressing" prepared as he directs.

The story of the introduction of turf, mould or peat, may be new to some here present. About four years ago a man applied to Dr. Neuber, assistant to Esmarch, in Kiel, relating that ten days before he had, while working on the moor, sustained a severe injury to the forearm. To this had been at once applied a thick coating of mould and a rude splint. On examination the wound was found free from suppuration and either united or granulating well, though there had been compound fracture of both radius and ulna, rupture of the wrist joint and extensive laceration of the soft parts. Neuber followed up this broad hint as to the value of peat, and its use has been attended by rapid and satisfactory healing of the parts it protected. A special advantage of peat is its power to absorb the gaseous products of decomposit on, such as ammonia. Used as a litter for horses the same beds have, according to Dr. Ernest Hart, been in use for two or three months. It absorbs best when slightly dampened, is soft, as you see, and very elastic.

In conclusion, I do not propose to enter into any recital of cases or statement of results. The method advised is one of the antiseptic methods, and results obtained by it belong to that system, the beneficient influence of which can be as little questioned as can be the good to mankind that followed the discovery of the hæmostatic use of the ligature, or the anæsthetic use of sulphuric ether. The materials required can all be carried in a small satchel, and all be purchased with what would be only a fair fee for their first use.

Selections.

OLD AND NEW VIEWS IN MEDICAL SCIENCE.

This was the subject chosen by Dr. Smith, of Belfast, who delivered the opening address in the Section of Medicine. He makes the following remarks on heart disease and our present knowledge of therapeutics:

During the last quarter of a century our general ideas have materially changed in regard to disease. Many affections which were then looked upon as of the gravest character have now come to be regarded with much less apprehension. It is not so very many years since heart disease was considered a most dangerous, if not inevitably fatal affection. The revelation of a cardiac murmur by the stethoscope was like a sentence of death to the patient, and the facilities which this instrument afforded for detecting these lesions, at a time when their importance was greatly exaggerated, must have revealed to many that they were suffering from a disease, of the existence of which they might otherwise have lived and died in happy ignorance. It may indeed be inferred that the anxiety such knowledge gave rise to must often have been more fatal to the patient than the disease itself; for we have now learned that confirmed valvular disease is far less fatal than was supposed, and that the frequency of sudden death from this lesion has been unduly overrated. In the examination of hospital and other patients, we frequently discover a valvular lesion, which has never given any indications of its presence, and which years after will be found unchanged. It is, in fact, a matter of common observation, that persons affected with such lesions will reach the usual term of human life, unconscious of their ailment. In life-assurance cases, no

doubt, healthy lives are annually declined, as it may be assumed that a cardiac murmur would be looked upon as a disqualification. But even acute cases of heart disease, now that we no longer contend against them with the weapons we formerly used, are found to be far less fatal than was at one time supposed. It is not only in reference to cardiac disease that our opinions have changed; a more matured experience and a more judicious system of treatment have enabled us to entertain a more favourable opinion of rheumatic fever, of pulmonary consumption, and other diseases.

Our knowledge of therapeutics has not advanced in equal proportion with other branches of medical science. It is the department in which we know least. The modes of action of many medicines are a labyrinth to which we have no clue. To investigate their actions and to obtain a knowledge of their influence on disease are matters of great difficulty. The action of many is imperfectly known, and it may differ much in individuals. It is very difficult to estimate correctly what influence a medicine has really had in producing the changes which have occurred after its administration, for we know that many diseases will get well if left to themselves. Repeated trials and careful observation can alone determine this.

Perhaps there is no point on which members of our profession so frequently deceive themselves as on that of the effect of new medicines, and it must be admitted that many of the communications which appear in our journals upon this subject will not bear the test of experience. Such statements should be received with great hesitation, except when they come from those who, by careful physiological experiment, are entitled to speak on the subject. Another hindrance to progress is this—that when a medicine has been ascertained to have a decided effect in a particular class of affections, there is a tendency to urge its employment and vaunt its usefulness in diseases over which it has no influence whatever; of this tendency the bromide of potassium is a good instance, that excellent but ill-used drug having been recommended in nearly half the ills which flesh is heir to.

New suggestions of treatment, and the wonderful effects of new medicines, put forth without substantial test, excite only distrust and disappointment in those who act on them, and add to the number of those who are already sceptical about the use of any medicine.

A disbelief in the efficacy of all drugs is, however, as unreasonable as an unlimited faith in their powers. We possess several which have been proved to have a definite action on which we can rely, and their number is being slowly added to. The discovery of salicylic acid has changed the whole treatment of rheumatism, and is a strong incentive to further therapeutic investigation.

After all, the practice of medicine is ultimately the practical application of therapeutic agents, and it is in the careful study of these that some of the greatest victories are to be gained by the coming race. But our progress must necessarily be slow, and we must take care lest the structures we build on our way prove only to be sand-castles.—*British Medical Journal.*

DR. FLINT, JUN., ON DIABETES.

At the last meeting of the American Medical Association, a paper was read by Dr. Flint, jun., on Diabetes. Since this subject has been under discussion of late in Great Britain, some points in the paper may be of interest to the reader.

As a test for sugar in urine, Dr. Flint recommends Fehling's test solution, especially that manufactured by Squibb. For the quantitive analysis, he prefers that described by Roberts, viz., by fermentation.

The specific gravity of urine bears no definite and constant relation to the proportion of sugar. It may be of high specific gravity owing to the presence of excess of urea, and may at the same time contain little sugar.

"What constitutes Diabetes Mellitus? A patient with abnormal thirst, dryness of mouth, suffering from fatigue following slight muscular exertion, progressively losing strength and weight, and passing an abnormal quantity of urine of high specific gravity, containing sugar, has the disease known as diabetes mellitus."

He considers that its pathology is still absent, but speaks hopefully of the success of the treatment, quoting the words of Cantini, of Naples: "Diabetes has become to-day a disease easily and certainly curable, provided that the treatment be not begun too late." The greatest stress is placed upon the diet used. He does not believe in any of the breads hitherto recommended. A form of diet is given at the end of the paper. Among the remedies mentioned is one by Cantini:

℞	Pure lactic acid	ʒiss—ʒv
	Aromatic water	ʒv —ʒi
	Water	oii

To be taken in small quantities frequently through the day.

Dr. Flint highly recommends Clemens' bromide of arsenic. Dose, three drops after meals three times a day, gradually increased to five. It may be continued for weeks or months without injurious effects.

The following is Dr. Flint's diet-table:—

Breakfast.—Oysters stewed, without milk or flour; clams stewed, without milk or flour. Beefsteak, beefsteak with fried onions, broiled chicken, mutton or lamb chops; kidneys, broiled, stewed, or deviled; tripe, pig's feet, game, ham, bacon, deviled turkey or chicken, sausage, corned-beef hash without potato, minced beef, turkey, chicken, or game, with poached eggs.

All kinds of fish, fish-roe, fish-balls, without potato.

Eggs cooked in any way except with flour or sugar, scrambled eggs with chipped smoked beef, picked salt cod-fish with eggs; omelets, plain or with ham, with smoked beef, kidneys, asparagus points, fine herbs, parsley, truffles, or mushrooms.

Radishes, cucumbers, water-cresses, butter, pot-cheese.

Tea or coffee, with a little cream and no sugar. (Glycerine may be used instead of sugar if desired).

Light red wine for those who are in the habit of taking wine at breakfast.

Lunch or Tea.—Oysters or clams cooked in any way except with flour and milk, chicken, lobster, or any kind of salad except potato, fish of all kinds, chops, steaks, ham, tongue, eggs, crabs, or any kind of meat, head-cheese.

Red wine, dry sherry, or Bass' ale.

Dinner.—Raw oysters, raw clams.

Soups.—*Consommé* of beef, of veal, of chicken, or of turtle, *consommé* with asparagus-points, *consommè* with okra, ox-tail, turtle, terrapin, oyster or clam, without flour or milk; chowder, without milk or potatoes; mock turtle, mullagatawny, tomato, gumbo *filet.*

Fish, etc.—All kinds of fish, lobsters, oysters, clams, terrapin, shrimps, crawfish, hard-shell crabs, soft-shell crabs. (No sauces containing flour or milk).

Relishes.—Pickles, radishes, celery, sardines, anchovies, olives.

Meats.—All kinds of meat cooked in any way except with flour, all kinds of poultry without dressings containing bread or flour, calf's head, kidneys, sweet-breads, lamb-fries, ham, tongue, all kinds of game, veal, fowl, sweet-breads, etc., with currie, but not thickened with flour. (*No liver.*)

Vegetables.—Truffles, lettuce, romaine, chicory, endive, cucumbers, spinach, sorrel, beet-tops, cauliflower, cabbage, Brussels-sprouts, dandelions, tomatoes, radishes, oyster-plant, celery, onions, string-beans, water-cresses, asparagus, *artichauts*, Jerusalem artichokes, parsley, mushrooms, all kinds of herbs.

Substitutes for Sweets.—Peaches preserved in brandy without sugar, wine-jelly without sugar, *gelée au kirsch* without sugar, *omelette au rhum* without sugar, *omelette à la vanille* without sugar, *gelée au rhum* without sugar, *gelée au café* without sugar.

Miscellaneous.—Butter, cheese of all kinds, eggs cooked in all ways except with flour or sugar, sauces without sugar, milk, or flour.

Almonds, hazel-nuts, walnuts, cocoa-nuts.

Tea or coffee with a little cream and without sugar. (Glycerine may be used instead of sugar if desired.)

Moderately palatable ice-creams and wine-jellies may be made, sweetened with pure glycerine; but although these may be quite satisfactory for a time, they soon become distasteful.

Alterations in the Spinal Cord in Poisoning by Arsenic, Lead, and Mercury.—Dr. Podow concludes from his experiments that in acute poisoning by arsenic, lead, and mercury, there are found in the spinal cord alterations which closely resemble those due to an acute central myelitis. When the poisoning is relatively slow, these lesions are not limited to the gray substance, but include also the white matter, and resemble a diffuse myelitis. The peripheral nervous system in these acute cases remains unaffected.—*Jour. de Méd. de Paris.*

Cerium Oxalate in Phthisis.—The *Medical Bulletin* states that oxalate of cerium has been used quite successfully as a palliative to the cough in phthisis. It has the very great advantage of not disturbing the digestion or bowels. To preserve the appetite of a consumptive is quite as necessary as to relieve his cough. Thirty grains of the oxalate is given at bedtime, and repeated before morning, if advis able. Ten grains may be given every few hours during the day, if necessary. A little chloral hydrate or spirits of chloroform combined with the remedy often greatly assist the action.—*Drug News.*

NUMBNESS OF UPPER EXTREMITIES.

In a paper read before the College of Physicians of Philadelphia, Dr. Wharton Sinkler calls attention to a form of numbness, especially of the upper extremities, occurring usually in women at about the change of life, though he has found the same condition occasionally in men.

The numbness generally begins in one or both hands and gradually extends up the arms. It is almost always worst in the morning before the patient rises. It is described as a "tingling," or as a sensation "like pins and needles," or as if the limb "were asleep."

There is generally a transient weakness, but no paralysis, often pain and sometimes a sensation as if the numb part were swollen.

Dr. Sinkler thinks that there is probably a hyperæmia of the nerve trunk or part of the cord, and he notes the fact that the recumbent position at night seems to increase the numbness as a confirmation of this view, as the supine position favors an increase of blood in the cord and nerves of the extremities.

As to treatment, he has derived the most satisfaction from the administration of ergot. Massage and galvanism have been valuable adjuvants, and bromide of potassium was helpful in some cases. He found the use of strychnia for a time after the disappearance of the numbness to be of great advantage.—*St. Louis Courier of Medicine.*

ANTIPYRIN: THE NEWEST ANTIPYRETIC.

The search for a substitute for quinine, although not successful in the main object thus far, has been fruitful in the discovery of new remedies. Amongst these may be mentioned, resorcin, quinoline, pyrocatechin, hydroquinone, and kairin. All of these are synthetical products. The last mentioned of this group, kairin, has proved remarkably effective as an antipyretic. All of them have been successful in varying degrees as antiseptic and antipyretic remedies, but they do not reach the peculiar eminence hitherto attained by quinine only. But this partial success has greatly stimulated the productive activity of chemists engaged in these researches, and their efforts have been rewarded by the discovery of antipyrin. This very appropriate designation is applied to an artificial alkaloid produced synthetically by Dr. L. Knorr, of Erlangen, by the action of acetic ether on aniline. It is also obtained by oxidation from quinoline or chinoline, one of the antiseptics mentioned above. It has been patented by Dr. Knorr, for whom it is manufactured by Messrs. Meister, Lucius, and Brünnig, industrial chemists.

Antipyrin occurs in the form of a white crystalline powder, having a slight aromatic odour, and a somewhat bitter taste, which may be effectively disguised by solution in some medicated water or in wine. It is readily soluble in water, in the proportion of one to three. The dose for an adult as an antipyretic is from 15 to 30 grains, given at intervals of an hour, until 75 or 90 grains have been taken.

Rank embodies in some formulated conclu-

sions the results of his observations. He finds that antipyrin is an antipyretic of the first importance in all the acute febrile affections; that by subcutaneous injection the effects are produced more decidedly and more promptly than by the stomachal administration, and that a less quantity of the remedy suffices, thirty grains being equal in power to twice that quantity given by the mouth; that a concentrated solution, 15 grains in 8 minims of water, can be employed by the hypodermatic method, without any local injury or accident, and that about twice the quantity of antipyrin produces the effects of a given quantity of quinine, for which it appears to be an efficient substitute.

Kairin and quinine are the agents with which antipyrin is to be compared. Guttmann, who makes some observations on the comparative antipyretic action of these three remedies, concludes that antipyrin is superior to kairin, but that in corresponding quantity quinine is more effective than antipyrin. Thus far we have had no observations on the use of the new remedy in malarial fevers, which will be the *experimentum crucis*, as regards its curative powers. There can be no advantage in the administration of antipyrin, as respects price, at the present time. A large demand will, of course, lessen the expense of production, but as a monopoly will exist in the person of the holder of the patent, the price can be artificially maintained.—*Medical News.*

DEPURATIVE DROPS (SIGMUND).

Tincture of Iodine	ʒi.
Tincture of Nux Vomica	♏xv.
Fowler's Solution	♏xv.

Five drops at bedtime in sweetened water, for patients with syphilis complicated with scurvy, and in lupus where the syphilitic diathesis is suspected. Every third day the dose may be increased until 10 drops is attained, which must not be exceeded.—*L'Union Méd.*

Polyuria in Convalescence from Typhoid Fever.—Spitz (*Deut. Med. Woch.*) had his attention directed to this symptom by a convales cent from a very severe typhoid fever, who urinated six or eight litres a day. In extending his researches he was astonished to find that the polyuria was almost constant in convalescents, particularly after severe attacks. It appears to be of good prognostic signification.—*L'Union Méd.*

Purpura Consecutive to Chloroform Inhalations.—M. Morse Lavallée publishes three cases of patients attacked with purpuric spots immediately after the administration of chloroform. The spots occupied the anterior region of the thorax, were three or four centimetres in diameter, and appeared two or three minutes after the administration of the drug. They were probably the result of a reflex vascular spasm, and should be classed with the emotional reflex purpuras described by Vidal and Fournier.—*L'Union Méd.*

REPORT OF CASE OF STRICTURE OF RECTUM, TREATED BY DIVISION AND DILATATION.

In March, 1883, my brother and myself were consulted by T. H., for some trouble of the bowel, which, upon examination, was found to be an annular stricture of the rectum, located about an inch and a half from the verge of the anus, and so narrowing the passage as to scarcely admit the passage of a No. 6 bougie. The patient's cachexia indicated grave constitutional disturbance, which, with the induration of tissues surrounding the stricture, suggested even the probability of malignant disease.

The history of the case was quite obscure; though pretty clearly excluding a syphilitic origin. Patient had had dysentery, and for some time, as he supposed, had been suffering from, and was treated for piles.

The urgency of the symptoms decided us upon an operation by division of the constricting band. Placing the patient upon the table and under ether, the sphincter was forcibly dilated and the stricture divided with the knife. Passing the finger through the divided stricture a second one was found about an inch beyond the first, but not involving the entire circumference of the gut. The hemorrhage was slight, and operation otherwise attended by no unfavorable

results. The mucous membrane above the stricture was found thickened and indurated, and seemed to involve quite an extensive area. The gut was packed with absorbent cotton filled with iodoform, and this practice, or iodoform in capsule, was continued in the after treatment, which consisted in dilatation with rectal bougies resorted to at gradually increasing intervals. Occasional applications of nitrate of silver were made.

The immediate effect of the operation was to give relief to all the urgent symptoms, the patient having the first comfortable evacuation he had experienced in many months.

Treatment was continued through several months, the patient rapidly gaining in flesh and strength, finally returning to his home and work in a neighboring county. I met him some weeks since, and failed to recognize him in the appearance of perfect health presented.

He tells me he has had no return of the trouble and is in the best of health.—L. T. HALL, M.D., *in St. Louis Courier of Medicine.*

WHAT CAUSED HUNTER TO LIGATE AN ARTERY FOR ANEURISM.

The *College and Clinical Record* notes that none of the books tell how John Hunter was led to originate the operation of ligation for popliteal aneurism. Prof. Chapman gives the facts as follows, and in parenthesis some strong words about the anti-vivisectionists: "Hunter, finding the 'velvet horns' of a deer to be abnormally warm, tied the carotid artery; in a few days he was astonished to find the horns were as warm as ever. He at first supposed that he had tied the wrong vessel, and cut down on his ligation only to find that he had not made a mistake in identification, and that the carotid was still occluded; further investigation showed that a collateral circulation had been established—a thing practically unthought of before. Deductions from this experiment were what led him to believe that the femoral artery could be tied without exsanguinating the limb, and he caused the experiment to be performed on a live dog, with success. After these experiments he performed the operation on a coachman, in 1787, in St. George's Hospital, on the walls of which still hang the deer horns, which, in John Hunter's hands, were the means of incalculable good to mankind."—*Medical and Surgical Reporter.*

EXTIRPATION OF THE KIDNEY.—At the meeting of the Medico-Chirurgical Society of Glasgow, on March 7, 1884, Dr. Macewen showed a patient from whom the right kidney had been extirpated. The patient was admitted into the wards in an emaciated, semi-delirious condition, with high temperature and weak pulse. The history available at the time was of the most meagre description, and to the effect that he had been troubled with a urinary affection for about a year previously. His urine was loaded with pus. On examination, microscopically, a few tube-casts containing pus-corpuscles were seen, along with numerous crystals of phosphate of lime. There were dulness and swelling in the right renal region, which was painful on deep pressure. The diagnosis was renal calculi with abscess of the kidney.

Within the first twenty-four hours of his admission into the hospital, it was evident that he was sinking, and that something would require to be done at once for his relief. It was thought that the renal calculus might be removed while the abscess could be opened and drained. The renal calculi were removed; one from the pelvis of the kidney of irregular form, one of its projections situated in the ureter; the other from the substance of the gland. The kidney was found to be riddled with abscesses, and as it was apparent that it could no longer perform its secretory functions, it was removed. The patient recovered from the operation with remarkable rapidity.

Dr. Gairdner said that the course of events in these cases was something like this. Along the ordinary channel pus was discharged for a considerable period for a greater or less period, this going on interminably. If the patient does not succumb, then there came a time when the kidney was structurally and functionally destroyed. If an opening were now made externally, pus was discharged in this way, and this might go on indefinitely. The next step was that of waxy degeneration, or Bright's disease. It was perfectly clear that, if they were satisfied

that the kidney was permanently disabled, they might save the patient's life by having recourse to the operation for its removal.—*Glasgow Medical Journal*, July, 1884.—*Medical News.*

LITHOTOMY—LATERAL *vs.* HIGH OPERATION.

Sir Henry Thompson, in his lectures before the College of Surgeons, speaks of two operations in lithotomy as follows :

There is unquestionable a growing expression of dissatisfaction among surgeons, especially abroad, with the lateral operation for stones of unusually large size. I have for some time fully shared in that feeling. No incisions can be made in the region which belongs to that operation through which a calculus of three ounces or more can be extracted. Laceration, either avowedly made by instruments or but half concealed under the name of gradual distension, invariably takes place, and that affecting very important structures, often to a large extent. Hence it is that the suprapubic operation has always invited consideration when the stone is exceptionally large; but the conditions sometimes met with, especially in corpulent subjects, have often presented peculiar difficulties and dangers, which indicated that, if Scylla has been avoided above, Charybdis appears to be equally dangerous below. A modification of the operation, however, has recently taken place—if not originated, at least first executed, by Professor Petersen, of Kiel, and described by him in 1880, which gives a new and improved position to the high operation. The improvement suggested consists in ensuring, to a degree not before attained, the raising of the bladder above the pubic symphysis, and the steadying it in that position during the operation. These objects are thus attained. The patient, lying on his back, and under the influence of an anæsthetic, the bladder is first distended with a weak solution of boracic acid, in quantity from ten to twelve ounces if possible, which must depend on the condition of the organ. The penis is then firmly tied; nothing is better than an india-rubber tube for the purpose. Then a pear-shaped bag of india-rubber, tolerably stout, so as to retain that form, and capable of holding at least sixteen ounces of fluid, is folded longitudinally and introduced into the rectum. By the tube which forms its apex, and is supplied with a stopcock, water is forced in so as fully to distend the bag *in situ*. The outline of the bladder will now be traced above the pubic symphysis. The usual vertical incision is made, and dissection carried down to the bladder, with the usual precautions with which we are familiar The ease and the certainty, however, which are ensured by the firm position of the bladder on this system render it much superior to the old one.

I have operated by the high operation twice only, and that before the introduction of the new method. Since that time I have met with no case which I have not been able to deal with satisfactorily by lithotrity at a single sitting, of which several examples are placed before you—the calculi weighing from one to nearly three ounces. The next case which offers for which the knife is required, I shall almost certainly submit to the high operation, with Petersen's modification. And the only reason why I have not yet performed it is, that I have easily and successfully employed lithotrity in cases precisely similar to those for which the French surgeons are at present adopting Petersen's procedure.—*British Medical Journal.*

GONORRHŒA EASILY CURED.

Dr. Dellenbaugh, in a communication to the *College Clinical Record*, says :

The injection I have used in cases of acute and sub-acute gonorrhœa for more than a year with the most gratifying results, especially to the patients, who have recovered in from two to seven days, is the following :

℞	Rescorcin,	℥ j,
	Acid boracic,	gr. xx.
	Zinci acetatis,	gr. ¼-½,
	Aqua destillat,	℥ iv. M.

Of this solution two teaspoonfuls are injected three times daily. The germicides, resorcine and boracic acid, are so slightly astringent, that it requires the additional zinc salt to restore capillary tonicity. This injection is quite or nearly painless.

In the treatment of the later stages of subacute and chronic gonorrhœa, without stricture or granuloma as a complicating factor, I have had the happiest results follow the use of the following injection :

℞ Hydrarg. chlor. corrosivi, gr. ¼-ss,
Zinci chloridi, gr. ss-j,
Aqua distillat, ℥ viij. M.

Sig.—A tablespoonful to be injected, well down into the urethra, three times daily.

For Sprains, Professor Brinton teaches that the limb is to be put into a vessel of very hot water immediately, boiling water being added as it can be borne, and kept immersed for twenty minutes or until the pain ceases. Then put on a pretty tight bandage and order rest. Sometimes the joint can be used in twelve hours. If the trouble is more chronic, apply a silicate of sodium dressing, and let the patient walk with a cane, if the ankle be the joint affected.—*College and Clinical Record.*

IODOFORM PENCILS.

Gelatine	℥iv.
Glycerine	℥ij.
Iodoform	℥vii.
Distilled water	℥ii.

Dissolve the gelatine over a water bath in the mixture of water and glycerine. Evaporate until the mixture weighs ℥ii. ℥i.; then add the pulverized iodoform; shake until the mixture is homogeneous; then pour it into silver moulds, moderately warm; then cool the moulds in ice water, to render the solidification more rapid and to prevent the precipitation of the iodoform. Dry the cylinders in a drying chamber until they lose one-third their weight. They contain 50% iodoform, and their suppleness allows their entering fistulous tracts.—*L'Union Méd.*

For Neuralgic Dysmenorrhœa, Professor Parvin recommends :

℞ Tinct. opii, ...
Tinct. valerianæ .....
Spirit ætheris comp .....
Tinct. castorei, āā .....f ℥ij. M.

S. A teaspoonful every hour.—*Col. and Clin. Record.*

THE
Canadian Practitioner.
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

To Subscribers.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

We regret to learn that, from some cause unknown to us, copies of the Journal have lately gone astray. Any of our subscribers who have not received it regularly, may obtain the missing numbers on application to Dr. Aikins, by post-card or otherwise.

TORONTO, SEPTEMBER, 1884.

REPAIR OF WOUNDS AND FRACTURES IN AGED PERSONS.

According to general acceptation it has been an orthodox rule of surgery that repair of wounds and fractures takes place more slowly in the old than in the young; and yet it is a matter of common observation, both in the hospital and private practice, that many such wounds heal with wonderful and unexpected rapidity. We have been accustomed to regard such cases as exceptions rather than the rule, but it is a question whether we have been right in so doing.

Professor Humphry, of Cambridge, in a paper which appeared in the *British Medical Journal*, states his belief that wounds heal even more quickly in old persons than they do at earlier periods of life as a general thing. There are, however, two exceptions to this rule: 1. The person may sink probably from shock; 2. The wound may slough or ulcerate. Mr. Humphry believes that the same general rule applies to fractures; the chief apparent exception being fracture of the neck of the femur, which so commonly remains ununited. He thinks this, however, arises from other causes than those pecular to old age, viz., separation of broken surfaces, the small amount of uniting matter thrown out, and the presence of synovial fluid. He admits that it occasionally happens that a complete failure at union in the fractures takes place. In these cases it is found that no uniting matter is

thrown out, and at the same time an actual loss of bone tissue takes place, leaving the broken extremities light, porous, and worm-eaten.

Many instances of unusually rapid repair of ordinary wounds and fractures are given in patients from 67 to 93 years of age. Probably most of us can call to mind similar instances, and it is quite possible that close observation may teach us that the old rule is incorrect; and that, as a matter of fact, repair of wounds (whether of bones or soft parts), when it does take place without complication, goes on at least as rapidly in the old as in the young.

DRAINAGE OF CEREBRAL ABSCESS.

It is a fact, perhaps not sufficiently appreciated, that a cerebral abscess should be treated by the ordinary methods of treating a collection of pus, wherever found. According to the *Medical News*, only three cases have been recorded where drainage of cerebral abscesses has been employed. It is certainly a very encouraging fact that all three cases resulted in recovery. The most serious obstacle to the procedure is the difficulty in locating the abscess, even when there is a strong probability of its existence. The *News* suggests in such cases multiple explorations with an aspirating needle four inches long, having a rounded instead of a cutting point, thus avoiding the dangers of wounding a bloodvessel. In the three reports referred to, the lesion resulted from gun-shot wounds. In one case the drainage tube was inserted along the track made by the bullet; in the second, the ball was removed by a counter opening, and the tube then passed completly through; in the third, the abscess was opened, and the tube left in the track made by the forceps to evacuate it.

BRITISH MEDICAL ASSOCIATION NOTES.

In the discussion on Albuminuria, several members spoke of the importance of testing the urine for albumen in all cases of chronic disease.

The most remarkable specimen in the Museum was a large quantity of chyle drawn from the peritoneal cavity of a patient in whom there was an obstruction of the thoracic duct, followed by dilatation of the lower part and rupture into the peritoneal cavity. The resemblance in appearance between chyle and milk is very striking.

The discussion upon Tuberculosis evinced the fact that the pathologists and clinical men in Great Britain are strong believers in the opinions of Koch in the etiology of tuberculosis.

The drug manufacturers and instrument-makers were in full force, and their wares made a very interesting museum.

The next meeting of the Association will be held in Cardiff, and the President-elect is Dr. Edwards, of Cardiff.

MEETING OF THE BRITISH MEDICAL ASSOCIATION.

The British Medical Associasion is, without doubt, the most useful and successful Medical Society in existence. In Canada and the United States we endeavour to follow its general plan of procedure, but our success is far behind that attained in Great Britain. Many reasons exist which will probably keep the Association in its present enviable position for at least many years, if not for all time. Its membership is large, over ten thousand; its organization is very thorough and complete; the geographical condition is such that the members in England, Ireland and Scotland can all attend the meetings by travelling comparatively short distances; great care is taken in the selection of men to fill leading positions, and, as a consequence, the addresses delivered and the papers read are able, practical, and useful.

We are glad to be able to give in this issue very interesting reports of the recent meeting at Belfast, written by Drs. McFarlane and Graham, of Toronto. It will be seen that this, the fifty-second annual meeting, was eminently successful in every respect.

THE New Brunswick Medical Society have decided to publish a journal to be entitled, "The Medical and Surgical Journal." It will appear quarterly. Dr. Allison will occupy the editorial chair.

THE MEETING OF THE CANADA MEDICAL ASSOCIATION.

The meeting held in Montreal, August 25th, 26th, and 27th, was a grand success in all respects. There were present about 120, not including the visitors from Great Britain and the United States. The papers were as a rule above the average, and the discussions arising from time to time were generally exceedingly interesting and instructive.

The most important event of the meeting was the delivery of an Address on Abdominal Surgery by the distinguished surgeon of Birmingham, England, Mr. Lawson Tait. In appearing before the Association he was accorded a rousing and most enthusiastic reception. His able address was received with marked attention, and at its conclusion there was a perfect storm of applause.

There was so much material at the disposal of the Association that two Sections—Surgery and Medicine—were instituted as in former years; and although the work was carried on very faithfully, there being a prolonged night session in each, they were not able to complete the work of the session. Dr. Thorburn, of Toronto, acted as Chairman of the Medical Section; and Dr. Roddick, of Montreal, presided over the Surgical Section.

The general meeting was opened at ten a m., on Monday morning, and closed on Wednesday, Aug. 27th, at one o'clock.

The Visitors.

A number of the members of the British Science Association attended regularly the various sittings, and evidently took great interest in the discussions. Not only did they show this interest by their respectful attention to the remarks of others, but they made themselves at home at once, took part in many discussions in the most friendly way, and, generally speaking, acted in a manner that was very highly appreciated by the regular members. Among those who entered most freely into these discussions were Dr. McMillan, of Hull, England; Drs. Protheroe and Heywood Smith, of London; Dr. Struthers, of Aberdeen; Dr. George Harley, of London; and many others. Many of them spoke in the most flattering terms of the meeting, and said it compared very favourably with those held in the old country. Among the visitors from the United States were Dr. Brush, of Utica, N.Y.; Drs. Brodie and McGraw, of Detroit; and Dr. Elsberg, from New York. These gentlemen received a cordial welcome from their many friends, and took a lively interest in the proceedings from beginning to end.

Mr. Lawson Tait.

Mr. Tait was the lion of the meeting, and of course all were anxious to see him. He is short and broad, with a large and well-shaped head. He looks like an Englishman, and is unusually affable and agreeable. He has a fine presence, a good voice, a pleasant style of delivery, the air of a man who knows what he is talking about; and while speaking looks as if he feared not to face the whole phalanx of London surgeons who dislike so much *that fellow Tait*, from Radical Birmingham.

The Reception of Strangers.

The unbounded hospitality exhibited by the Profession of Montreal was a matter of universal comment. As the Montrealers have a reputation for such conduct, the general feeling of surprise was not marked; but on this occasion, we must say, they even surpassed themselves. We can pay them no higher compliment.

The banquet given at the Windsor Hotel, on Tuesday evening, there being about two hundred present, was in all respects simply magnificent, and the interest of the Canadian guests was greatly increased by the presence of such a number from Great Britain. Dr. Hingston, who presided, conducted "the feast of reason" with the great ability and rare grace for which he has been so long distinguished. Mr. Tait certainly paid him a neat compliment in saying that he reminded him of England's silver-tongued Paget. The speeches as a rule were very good, as after-dinner speeches go. It was of course understood that there was to be nothing heavy. The remarks of Dr. Struthers, Professor of Anatomy in Aberdeen; Dr. MacAllister, Editor of the *Practitioner;* Dr. George Harley, well known as the author of the work on diseases of the liver; Dr. Smith, and others,

were exceedingly cordial and friendly in tone, and were received with the highest marks of appreciation.

Time and Place of Next Meeting.

Winnipeg was chosen as the next place of meeting, and it was decided to authorize the President, General Secretary, and the Committee of Arrangements to name the date. It was thought by those best acquainted with the North-West Territory that it would be better to meet earlier than the usual time, which is the 1st Wednesday in September, because we would be likely to see the country to better advantage before the harvest was reaped *i.e.*, about the middle of August.

The decision in favour of Winnipeg was not formed without very careful consideration. It will be remembered that a very cordial invitation came from the Winnipeg Medical Society for the Association to go to that city in 1884, but as it was thought very desirable to come in contact with the British Association for the advancement of science, Montreal was chosen with a partial understanding that Winnipeg would be selected for 1885. During the recent meeting the Chatham members, who as usual were well represented, invited the Society to go to their thriving town in 1885, and a large proportion were in favour of accepting this invitation. When it was ascertained that a goodly number from Ontario and Quebec, as well as the Lower Provinces, were anxious to go to Winnipeg, the members from Chatham generously gave way, and the former city was proposed and carried without opposition. It is expected that there will be unusually low rates for travelling, and it is hoped that a large number from the East will travel to the far West and make the meeting as successful as possible.

Officers Elected.

With singular unanimity Dr. Osler was elected President for 1885. It is feared that before *many years* he will leave Canada, and the Association was anxious, under the circumstances, to honour one who for years has been one of its most able and faithful members. It is not intended that he shall simply hold a seat in the Upper House or be placed on the reserve force after 1885, but, on the contrary, it is hoped that wherever his lot may be cast for many years to come, he will continue to be one of our most active members. Dr. Stewart, of Montreal, was elected General Secretary, and Dr. Sheard, of Toronto, Treasurer. The following were elected Vice-Presidents and Local Secretaries:

Vice-President for—Ontario, Dr. Bray, of Chatham; Quebec, Dr. Geo. Ross, of Montreal; New Brunswick, Dr. Allison, of St. John; Nova Scotia, Dr. Fraser, of Windsor; Manitoba, Dr. Whiteford, of Winnipeg.

Local Secretary for—Ontario, Dr. Burt, of Paris; Quebec, Dr. Bell, of Montreal; New Brunswick, Dr. Walker, of St. John; Nova Scotia, Dr. Almon, jun., of Halifax; Manitoba, Dr. Mewburn, of Winnipeg.

The porous plaster is said by a Milwaukee druggist to be useful "to retain the back in its proper place, and let the pain crawl out through the holes."

Meetings of Medical Societies.

A full report of the proceedings of the Canada Medical Association will be found in the October number.

The remarks of Dr. A. M. Rosebrugh at the meeting of the Ontario Medical Association were inadvertently omitted from the report of that meeting. They will appear in our next issue.

THE BRITISH MEDICAL ASSOCIATION.

(Reported by Dr. J. E. Graham, Toronto.)

The fifty-second annual meeting of the British Medical Association commenced in Belfast, on July 29th, and continued for the three following days. The meetings were held in the Queen's College Buildings. The afternoon of Tuesday was devoted to the general business of the Association. In the evening Dr. Cuming, Professor of Medicine in Queen's College and President of the Association, delivered the

annual address. After some words of welcome to the members present, he went on to speak of the sanitary condition of Belfast.

He commended the action of the authorities in their recent efforts to make the city healthy and clean, but complained of the system by which the sewers emptied their contents into the river, thus polluting it. He did not think the ebb and flow of the tide sufficient to carry off the filth.

He then spoke of the importance of micro-organisms in the causation of many diseases, and ascribed the honour of their discovery and further elucidation to the foreign schools.

The lecturer thought that in the intense and almost universal study of morbid anatomy in the profession, symptomatology and treatment had been neglected. He went so far as to say that in some cases he believed symptoms produced morbid changes, instead of morbid changes producing symptoms. He thought that greater attention should be paid to the influence of climate, of race, and family on diseased conditions. He gave as examples the immunity of the negro race from yellow fever; the tendency in the Teutonic races to hernia and varicose veins; and the liability of the Celtic races to nervous diseases. He was of opinion that this could be studied to greater advantage in private than in hospital practice, as in the former patients are longer under observation than in the latter.

The lecturer then spoke of the relations between tubercle and scrofula, and thought that the distinction between the two conditions was more sharply drawn by clinical than by pathological investigation.

The remainder of Tuesday evening was taken up by general business.

On Wednesday morning the address on Medicine was delivered by Dr. Wm. M. Ord. Subject, "Neurotic Dystrophies." These he he arranged under the following heads :—

(1) Dystrophy of muscle from joint irritation. Examples given by Charcot of atrophy of muscles caused by disease of a neighbouring joint.

(2) The converse, viz., dystrophy of joints the result, for instance, of fracture of bone.

(3) Dystrophies from centric changes, as shown in disease of joints in tabes dorsalis.

(4) Dystrophy of joints from uterine irritation.

In the latter class he included a large number of cases of chronic rheumatic arthritis in women, accompanied by dysmenorrhœa, or chronic endometritis. He is inclined to think that the disease of the joints in these cases is not produced by the absorption of septic matter into the blood, but rather through the nervous system. He employs the same theory of eccentric irritation in explaining the phenoma of gonorrhœal rheumatism. He then took up neurotic dystrophy in secretion. Gave as a striking example the bad odour of the breath in one who has spent days and nights of anxiety in waiting on the sick. He concluded by explaining the phenomena of myxœdema in the same way. It is singular that in cases of myxœdema, the thyroid gland becomes atrophied. In Switzerland, on the other hand, in those cases where the gland has been entirely removed the symptoms of myxœdema have supervened.

The principal object of the address was to show that many diseased conditions previously thought to have been brought about through the blood, have their etiology in the nervous system.

During the afternoon meetings of the various Sections took place.

In the Medical Section a discussion was opened by an exhaustive address from Dr. Geo. Johnson.

The causes of albumen he put under two heads—(1) Abnormal condition of blood, (2) Obstruction to the return of blood from the kidney. He is of opinion that mental anxiety causes, in the first place, derangement of the stomach and liver, and thus acts secondarily in producing albuminuria.

Incurable disease of the kidney may exist without the presence of casts in the urine. On the other hand, the latter may be found in curable cases.

The thickening of the arterial walls in the kidney is the result of hypertrophy of the muscular coat. He entirely disagrees with Drs. Gull and Sutton in their views of hyaloid arterio capillary fibrosis. The hyaloid condition

is produced by the preparation of the specimens in glycerine. He thinks that Drs. Gull and Sutton have been quite deceived in their interpretation of the specimens.

In speaking of treatment, he laid great stress on an exclusively milk diet, and mentioned the case of a gentleman, previously a high liver, who enjoyed good health for five years on an exclusively milk diet.

In testing for albumen, he prefers a saturated solution of picric acid as the most convenient and certain.

Sir Andrew Clark, in a letter read by the Secretary, spoke of non-renal albuminuria, that is, the presence of albumen in urine, free from mucous or pus, and when the kidneys were healthy. He had found this condition in women during menstruation and in case of masturbation.

Dr. Johnson did not think there could be albumen in the urine in such cases without the presence of mucous, pus, or blood corpuscles.

The history of a most interesting case of obstruction of the thoracic duct was read by Dr. Whitla, and the specimen exhibited. There was an almost complete obstruction of the duct and distension of the part below the point of disease. An opening had taken place into the peritoneal cavity, and the chyle escaped into it. Twenty-two ounces were drawn off on each of two different occasions. The specimen of chyle is spoken off elsewhere.

On Thursday morning, at the general meeting, the address on Physiology was given by Prof. Redfern.

During the afternoon session Dr. Douglas Powell read a very exhaustive paper on Tuberculosis. The principal point made was, that there exists a pretubercular stage, in which inflammatory processes go on in the lung, which will end in tuberculosis if the bacillus is introduced from without, and only on that condition.

Dr. Gairdner, of Glasgow, held somewhat similar views. He expressed his strong belief in Koch's theories, and gave instances of miners' lungs which had come under his observation. Many cases, in whom large portions of the lung were destroyed, did not end in tuberculosis. The reason, in his opinion, was that the bacilli were not introduced.

In the Pathological Section a very interesting paper was read by Mr. Paul.

On the pathology of rodent ulcer he demonstrated the truth of his assertions by many most beautifully-prepared sections made from over twenty different cases. He showed clearly that, instead of the disease always commencing in one particular element of the skin, such as sweat glands, hair follicles, or retemalpighii, it may begin and develop in any one of them in different cases. Among the specimens were some very beautiful sections of adenomatous growth commencing in the sweat glands.

He is a believer in the connection tissue origin of carcinoma.

In the Public Health Section Dr. Cameron, of Glasgow, read a paper on the prevention of the spread of Cholera. He was of opinion that we should not follow the theories of any one man or school in our efforts to prevent the spread of cholera, but that we should employ every means which have been found of service in the past. He concluded by asserting that England had the power to completely and forever stamp out cholera by attending to the sanitary condition of India, where the disease has always had its source.

On Friday morning an address on Obstetrics was given by Dr. Kidd, of Dublin, in which he demonstrated the specific character of puerperal fever, from the history of that disease in the Rotunda and other lying-in hospitals of Dublin.

At noon, short sectional meetings were held, and at 2 p.m. the last general meeting took place. General business of the Association occupied the attention of members.

On Saturday a number of excursions were made, the most important being one to the Giant's Causeway.

Nothing could exceed the kindness and cordiality of the profession and laity of Belfast. The city itself is lively, beautiful, and clean, and there appears a great amount of wealth and comfort in the homes of the people.

In Vienna, in 1882, there were 16,605 births in wedlock, and 12,657 illegitimate.

PROCEEDINGS OF THE SURGICAL SECTION.

(Reported by Dr. L. McFarlane, Toronto.)

The Surgical Section of the British Medical Association was opened by a short address by the President (Sir Wm. McCormack), in which he discussed the operation for removal of the thyroid gland, and the subsequent effect of its removal in the production of myxœdema and cretinism. He was of the opinion that the conditions above mentioned were not a consequence of the operation, but depended on some constitutional taint quite independent of it. He quoted, in support of his theory, Wölfer and Bilroth, and instanced the fact that neither of these gentlemen had observed this condition following the operation. He also mentioned the experiments of Creda on dogs to show that the idea is not borne out by facts. He then took up the operation for the radical cure of hernia, pointing out the fact that it is not a cure but a mode of treatment which tends to strengthen a weak point in a weak abdominal wall. The address throughout was practical and carefully considered.

After the opening of the Section, a discussion on the treatment of Spinal Curvatures, introduced by Dr. Lewis Sayre, New York, who gave demonstrations in the morning on partial suspension and the application of the plaster jacket for Pott's disease, and partial self-suspension and the application of the plaster corset for lateral curvature. Messrs. Bernard Roth, C. B. Keetley, Edward Freer, and others took part in the discussion. There were no two opinions in reference to Sayre's plaster jacket being the best known mechanical contrivance for the treatment of Pott's disease, but exception was taken by Mr. B. Roth to the application of the plaster corset in lateral curvatures. He contended that the conditions existing in lateral curvature were dependent on distorted muscular action, and could be overcome by muscular movements and gymnastic exercises, and that the corset had an injurious effect by fixing the muscles of the body.

Dr. Sayre, in closing the discussion, said that in the early stage of the disease, no doubt, the muscles were the prime factors in its production, but as the case became chronic the spine assumed a fixed curve, and in such cases it was necessary to apply the corset in order to keep the spine straight when that position was attained by self-suspension.

If the means employed are to be judged by the success in treatment, I am confident that Dr. Sayre's plaster corset must rank high in the estimation of every surgeon who has used it.

For the information of those of your readers who have not seen it applied, I will give a brief description. The shirt that is used is much longer than that used in applying the plaster jacket. It is put on inside out. The patient then suspends himself, or herself, by means of Sayre's suspension apparatus, seizing hold of the rope with both hands. The hand on the side of the curve is placed higher on the rope than the opposite one, thus raising the affected side to as near the normal position as possible. This being done, the surgeon applies the plaster bandage in the ordinary way, taking care not to make the corset too heavy; and, before the plaster hardens, it is cut down the front of the chest and removed from the body. When the plaster hardens, the tail of the shirt is turned up over the outer surface of the corset and stitched to the flannel at the upper part of it. The cut edges of the corset are bound with leather, and fitted with eyelets, so that it can be laced when put on. The corset can be taken off and put on at the will of the patient.

There was a very interesting and instructive paper read by Mr. G. H. Makins, of St. Thomas' Hospital, London, on the successful suture of the small intestine in a case of fæcal fistula. The patient, a young man about twenty-one years old, had been operated upon for strangulated hernia; the operation did badly, and sloughed to such an extent as to produce a fæcal fistula about two inches above pouparts ligament. Through this opening partially digested food passed, and consequently the patient became very much emaciated and weakened, and it was finally decided to suture the intestine, which was done successfully, the patient taking food by the mouth on the third day.

Mr. John Fagan, of Belfast, read a paper on Gastrostomy: its merits as a means of treating strictures of the œsophagus, and the best mode of performing the operation. This was followed by notes on a successful case of gastrostomy for stricture of the œsophagus, by Mr. C. Macnamara, of Westminster Hospital, London. The patient had been suffering from stricture of the œsophagus for three years, and when admitted to the hospital the smallest-sized bougie could not be introduced through the stricture. An opening was made about three inches in length parallel to the cartilages of the ribs, through which a small part of the stomach was drawn and secured in position by placing a hair-lip pin through it. The margins of the external wound were then sewn together close up to the portion of protruding stomach, when an opening was made through its coats and a gum elastic catheter introduced, through which the patient was fed. He made a good recovery; the hair-lip pin was removed in seven days, adhesion having taken place between the stomach and the abdominal wall.

Mr. C. B. Ball, of Dublin, read a paper on a new method for the radical cure of Hernia by torsion of the sac, reporting two successful cases.

Mr. R. Richardson, Rhayader, read a paper on the surgical treatment of Hydatid Cysts of the liver, in which he strongly advocated free incision and evacuation of the cyst, subsequently washing out with a weak solution of carbolic acid, 2 p.c.

Time will not permit my entering into all the papers read in this Section, of which there were in all some fifteen or eighteen. Suffice it to say that each had its merits, and tended to show the rapid progress made in surgical science. I cannot conclude this paper without mentioning the extreme kindness and princely hospitality of the members of our profession in Belfast as well as her citizens, special attention being shown to the members from the Dominion of Canada.

Rectal Anæsthesia.—It is hinted by the *Medical Bulletin* that the idea of producing anæsthesia by the rectum is not "fundamentally" correct.—*Philadelphia Med. Times.*

HURON COUNTY MEDICAL ASSOCIATION.

The Huron County Medical Association held its quarterly stated meeting on Tuesday, July 8th, in Clinton—Dr. Williams, President, in the Chair.

Dr. Hyndman, Exeter, presented a case of frequently recurring heamoptysis in a man, age about 38, who had a history of severe bronchitis, about eight months since, from which his medical attendant scarcely expected him to recover, and thought it would likely terminate in acute phthisis. His general appearance was that of fairly good health. Physical examination by the different members revealed very little. A dull spot two inches below the clavicle, and about same size, yielded an exaggerated rhonchus. This, added to a wavy respiration in different localities, led to the conclusion that there was very probably tubucular deposit.

Dr. Elliott presented an interesting case of recovery from necrosis of the acromion process which was entirely removed, the bony deposit taking place early. There is partial motion of the joint which time will probably increase.

Dr. Campbell reported a case of Potts' curvature of the spine, in a lady aged 59 years, which entirely recovered after the application of seven plaster of paris jackets, covering a space of about two years. He also reported a case of extensive effusion into the pleur of right side, followed by empyæma after six pints of serum had been aspirated. Fourteen days after the aspiration, eight pints of fœted pus were removed by free incision, and the cavity washed out with carbolic lotion, two to four times a day, on the syphon principle. The patient is still under treatment.

Dr. Worthington presented a case of rodent ulcer, situated at the outer angle of the left eye, of about eighteen months standing. The general conclusion as to treatment was that scraping with the spoon and cauterization would be best. He also presented a case of congenital defect of the medulla spinalis and probably of the left frontal lobe of the brain. The patient is six years of age, but cannot walk. There appears to be a want of co-ordination. When he makes the attempt he is

very much bent forward and holds out both arms and accomplishes two or three steps. He can say only a few words, but understands all that is said to him. When an infant he had no control whatever over the motions of his head, it always remaining where it was placed. Each year brings a little improvement, and it seems probable that in time he may be able to take care of himself. Papers are to be read and discussed at the next meeting in October.

A. WORTHINGTON, M.D., Secretary.

Correspondence.

WINNIPEG LETTER.

(FROM A SPECIAL CORRESPONDENT.)

Manitoba has been making the same rapid strides in medical matters as in all other departments. With the rapid influx of people came an equally rapid increase of doctors, until we can boast of the largest proportion of medical men to the total population of any province in the Dominion. Indeed, at present, the field is too well occupied, especially in our cities and towns. Without doubt, however, there are many points in rural districts where a doctor's presence would be hailed with pleasure, and where he could make a present living and be reasonably sure of a future reward commensurate with the arduous nature of his early work.

In our city the profession have been displaying that energy which characterizes all western people. The laity having generously supplied a well-constructed and completely equipped hospital, the members of the profession decided to start a medical school in connection therewith. The Faculty was arranged last summer, and work was commenced in October, with a class of fourteen students, probably the largest first class of any Canadian school. This year they are putting up a suitable brick building in which to carry on their work, and they intend to purchase the necessary outfit. They have every confidence in the success of their enterprise, and are entering freely and heartily into the various burdens necessitated by such a scheme.

The standard of work placed before the student is high, and it is the wish of the professors to excel the older provinces in the status of their graduates. It is to be hoped that, before the first class is ready to be laureated, the Ontario Council will see fit to break down its Chinese-wall of exclusiveness in regard to the non-acceptance of the licenses of other Provincial Boards. If it does not, the spirit of retaliation, now rife among a few here, will spread and lead to the exclusion of Ontario doctors from this field. There should be either a Dominion Board of Examiners, or an amicable agreement between the present Councils, so that a license from one shall be valid in all the provinces. All are working in the interests of higher education, and a united feeling would strengthen the hands of each.

In sanitary improvements, Winnipeg is also making great progress. House garbage and refuse are removed by a thoroughly-organized system of scavengers, under the control of the City Council. Drains of the latest approved designs are being made throughout the city, several hundred thousand dollars having been appropriated for that purpose. We are not without reminders that these are necessary advances. Filth diseases have for the past few years shown too great a fondness for lingering among our people. Diphtheria occurs in sporadic cases, fighting for a place of existence; typhoid fever claimed far too many victims last winter; while erysipelas is too frequently seen on the case-book of the physician. With the recent improvements completed, Winnipeg will be the healthiest, as it is now the most enterprising, city in Canada.

H. H. C.

ROTUNDA HOSPITAL, DUBLIN.—In the year ending Nov. 1883, Dr. Macan being Master, 1,090 women were delivered, with 6 deaths, being 1 in 181.6. In private practice the average mortality is 1 in 120.

"FATHER," answered a fair penitent to the confessor, who asked her name, "my name is not a sin!" The joke has been revived. Auspitz asked a syphilitic client his name. "Doctor," replied he, taking his hat, "Doctor is my name a symptom?"

Personal.

Dr. J. S. Draper, of Tilsonburg, was married to Miss Wright, of Toronto, July 30th.

Dr. J. F. Bell, Toronto, has received the L.R.C.P. of London.

Dr. H. Wilberforce Aikins, B.A., has been admitted a member of the Royal College of Surgeons, England.

Dr. J. S. Gray has removed from Winnipeg to Mount Forest.

Drs. J. E. Graham and McFarlane sailed from Liverpool on the 21st of August.

Dr. W. E. Macklin (T. S. M., '80), who has practised successfully at Poplar Hill for the past four years and endeared himself to very many there, was recently presented with a gold watch and chain on the eve of his departure for Japan, where he has accepted a position as medical officer, working in conjunction with a band of missionaries there. Dr. M. purposes taking a post-graduate course at New York, and also spending some time at the hospitals of Great Britain and probably Vienna, prior to proceeding to Japan.

It is expected that Dr. Osler, of Montreal, will be elected to the Chair of Clinical Medicine in the University of Pennsylvania, which for the last eleven years has been held by Professor Pepper. If he accept this position he will shortly remove to Philadelphia. We regret exceedingly the prospect of losing Dr. Osler, as far as Canada is concerned, but in any case, we unite with his many friends in wishing him the highest success wherever he may be in future years. We have also to congratulate our distinguished friend on the fact that he has been invited to deliver the Gulstonian Lectures next spring before the Royal College of Physicians, London.

Dr. Heywood Smith, who took a prominent part in the discussions at the Montreal meeting, is the most prominent surgeon in the Hospital for Diseases of Women, Soho Square, London.

Dr. Bray, of Chatham, will be a candidate for re-election for the Western and St. Clair Division in the Ontario Medical Council. We are pleased to learn that he is not likely to have any opposition.

Dr. Burns, of Toronto, will be a candidate for re-election in the Midland and York Division; and, as he has proved a faithful and worthy representative, we hope there will be no opposition.

Mr. Lawson Tait, Drs. Protheroe Smith, Heywood Smith, and many other medical members of the British Science Association, will be in Toronto the first week of September.

Miscellaneous.

The latest count found 3,353 patients in the hospitals of Vienna

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The average duration of life in Russia is put down at 26 years.

It has been decided by the Criminal Courts of Berlin, that when labour begins the fœtus becomes legally a human being.

The death of Professor V. Jäger, of the Vienna University, is announced. The following are named among the candidates for the position thus rendered vacant—Bettelheim, Englisch, Oser, Ultzmann, Urbantschitsch.

Insanity of Menstruation.—Dr. Régis *(Journal de Médecine de Bordeaux)*, says that the mental state of females is, as a rule, more or less affected during menstruation. Bertheer was of opinion that psychoses of menstrual origin were in many cases closely allied to the transitory insanities; they as a rule were short attacks of mania or melancholia. When, however, the affection was due to interference with the proper performance of menstruation, then the affection lasted longer. As a rule acute mania is the most common type presented, but an acute hallucinatory psychosis is far from infrequent. Nymphomania, kleptomania, homicidal impulses, incendiary impulses, dipsomania and suicidal impulses are often the chief psychical symptoms of the insanity of menstruation properly so called. In the great majority of cases, the appearance of the menstrual flow is an evidence and consequence of intellectual improvement. In a few cases it is the cause.—*Alienist and Neurologist.*

THE

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TORONTO, OCTOBER, 1884.

Original Communications.

REFLEX PHENOMENA FROM NASAL DISEASES.

L. L. PALMER, M.D.C.M., SURGEON EYE, EAR, THROAT AND NOSE.

(Read before the Toronto Medical Society.)

The object of this communication is to attach due importance to the nose, whose function has been too widely thought to be but little more than an organ of special sense, and a passage for the ingress and egress of air in respiration, whose office might be performed under most adverse circumstances, without detriment to the health of other members; and to direct attention to the great frequency with which nasal disease acts as a reflex cause of asthma, bronchial cough, and possibly spasmodic croup; and to suggest a ready means of cure of these morbid conditions, which have in many cases proved the opprobrium of professional skill and therapeutics.

During the last few years laryngologists have found that the immediate local lesion in the nose, while it demands consideration as an obstruction of the upper air passages, is of still greater importance as a factor in the etiology of many diseases entirely extra nasal.

Thus it is that the removal of enlarged tonsils does more to restore the patient to health, than all the tonics and nutrients of the *Materia Medica*, in as much as these hypertrophied glands are hurtful not so much as a local irritation to the pharynx, as an obstruction to the free passage of air to and from the lungs. More marked and more important are the distal effects of nasal obstruction and the proper treatment is accompanied with more satisfaction to both patient and surgeon.

I shall refer more particularly for the purpose I have in view to three conditions, viz.: 1. Polypi; 2. Nasal catarrh with hypertrophy of the mucous membrane; 3. Hypertrophy of the turbinated bones; and hold to this proposition, that either one or more of these conditions existing, producing a greater or less degree of stenosis of the nasal chambers, which with the accompanying irritation, becomes by reflex action an important factor in the etiology of 1. *Asthma;* 2. *Laryngeal cough;* and 3. Possibly *Spasmodic croup.*

In speaking of nasal catarrh I shall exclude *ozœna*, which I consider an atrophic inflammation from the first, and therefore is not obstructive, but rather furnishes roomy passages if cleanliness is observed. But ordinary nasal catarrh, as we usually find it, is hypertrophic in character, leads to thickening of the mucous membrane and hypertrophy—hypertrophy of the turbinated bones and the development of polypi, all of which are more or less obstructive to the free entrance of air into the lungs, and not only prejudicial directly to the healthy functional action of these organs, but are the reflex cause of a wide variety of disease, some of which we will merely make a passing mention of, namely —1. Supra orbital neuralgia, migraim, and various headaches; 2. Loss of taste, smell, and hearing; 3. Gastric disturbances, tonsillary

hypertrophy with pharyngitis; 4. Melancholia, chorea, and reflex epilepsy, which, though cerebral and grave in character, are not infrequently the sequence of nasal obstruction and disease which might in itself be considered of little import. To account for this intimate connection between affections of the mucous membrane of the nose and cerebral affections, Dr. Jacobi, in a recent communication to the New York Obstetrical Society, drew attention to the following three points :—

"In the first place, the trigeminus with all its branches is subjected to direct or reflex irritation, arising from the inflamed condition of the nasal mucous membrane.

"*Secondly*, The thickening of the mucous membrane in the narrow nasal passages of the child (and the same thing is more or less the case in the adult), and especially the presence of a polypus, seriously interfere with respiration, and the result is the accumulation of carbonic acid gas in the brain, particularly about the respiratory centre at the medulla oblongata.

"*Thirdly*, The lymphatic system of the nasal mucous membrane, and that of the dura mater, and the arachnoid membranes are in intimate relations with each other, which is so close that they can be injected from either side."

Upon such hypothesis it is not difficult to account for certain cerebral disorders as above mentioned, and clinical experience sustains the conclusion.

Lastly, impairment of voice, laryngeal cough, bronchial asthma, and spasmodic croup—a class of morbid conditions whose nasal origin has long and often passed unobserved and, therefore, uncured, and the literature upon which has been meagre and recent. Upon these, therefore, we will add a few facts.

In not a few cases asthma is undoubtedly the result of nasal polypi, and more rarely of hypertrophy of the pituitary membrane.

Fränkel assigns the credit of the first observations on this point to Voltolini in 1871. Since then and within the last four years many cases of reflex asthma have been published by Porter, Daly, Rumbold, Spencer, and Todd and others.

My own clinical experience corroborates and sustains their views. Indeed, the relief and cure of asthma by correcting nasal stenosis is now so common that we can only wonder that the Profession should have groped so long in the dark, and failed even to seek in the upper air passages a possible cause for this distressing and ever-recurring disease which they found too often baffled their best therapeutic endeavours.

Flint defines asthma as an obstruction of the smaller bronchial tubes, from tonic spasm of the muscular fibres forming a part of the anatomical constitution of the tubes; and Bert and Traube add, from irritation of the pneumogastric nerve.

Now, this irritation may be of one of the peripheral branches, or reflected from other and possibly remote nerves, or might be by reflected impression through the fifth nerve.

The pneumogastric, though in its origin a sensory nerve, receives motor filaments from the *seventh*, from the spinal accessory hypoglossal, and from the first and second cervical nerves. And as the contiguity of origin of the cranial nerves is now demonstrated, we may believe that impressions are conveyed from the origin of the fifth directly to the origin of any of these, and thence a continuous motor tract to the pneumogastric.

Many cases might be cited illustrating the connection as apparent cause and effect, and demonstrating this by curing the effect through removal of the cause. I will cite one most typical.

1. Mr. S., age 27, consulted me for the first time in January 1883, with asthmatic breathing and complete stenosis of nares by the accumulated polypi. He had suffered thus for over two years, the paroxysms always greatest at night, when sleep could only be obtained in the semi-erect position. On a previous occasion he had the polypi removed, but never completely and never accompanied by relief, and soon they returned. Upon examination a few chest rales, but no emphysema, was all that was discovered. Larynx somewhat hyperæmic, and nares completely impacted with polypi. I encouraged him with the declaration that by thorough removal of the obstructing tumours and establishing a healthy condition of the nasal membranes his asthma would be much improved if not cured, he at once submitted to the *snare* —I mean Jarvis'—and after several sittings I

removed the last of fourteen myxomatous growths from the size of a pea up. Three months of subsequent treatment of the mucous membrane, and my patient declared himself perfectly well. Sleeps well at night, has no more paroxysms, has gained in flesh and colour, and has entered into business for himself, which was the last thing he could have anticipated, as he felt himself before a confirmed invalid. For brevity I have intentionally omitted many details of the case and treatment. Others can be furnished exhibiting similar conditions and similar results.

In the latter part of 1882, I had unmistakable evidence of the reflex action of nasal irritation when Mrs. E. reported herself suffering with frequent short irritating cough which she had for over a year, and had baffled all treat, ment. Accompanying this was a feeling as of something lodged in the throat about an inch below the larynx. I examined very carefully but found entire absence of disease or irritation in the lungs, wind-pipe, or pharynx.

The etiology of her cough therefore remained obscure, and as she had been under skilfully administered therapeutic measures, I did not venture to hope to be more successful than her previous advisers, and told her the same. She retired, but in three weeks returned for another examination, and said she neglected to speak of a "ringing in her left ear." I then examined the vault of the pharynx, mouths of eustachian tubes, and post nares, when I discovered what I afterwards found to be a fine fish bone lying in the left superior pharynx, and post nares with its anterior extremity prodding the lower turbinated bone, its posterior resting in the tissue posterior and adjacent to it. I removed this with bent probe covered with absorbent cotton under the light of the rhinoscope, and prescribed for the existing hyperæmia of the part. Four days after she wrote that she was very much better, in fact almost well. Two weeks after she reported perfectly well, and has remained so ever since, the cough having entirely left her.

The point of impact and of irritation here was the inferior turbinated bone, which was much congested, and doubtless the *fons et origo* of the reflex cough.

It is well known that irritation of the external auditory meatus and pharyngotrachial membrane frequently excite reflex cough, and the terms "ear" cough and "laryngeal" cough have passed into general use among medical men.

May not other morbid conditions in various other organs of the body excite this reflex act? The terms "stomach" and "liver" cough would seem to indicate that such a correlation between the abdominal viscera and cough was accepted. However, much doubt may be thrown upon this interdependence, which has never been demonstrated by experiment, nor have clinical data been strong in establishing it, I do see sufficient data to warrant the acceptance of the term "nose" cough.

In fact, all coughs seem to have a centralized or focal point of irritation which is reflected, and therefore our reasoning need not be in this particular at all different from the general.

While in Vienna a few years ago, Prof. Stoerk taught us, and published in a pamphlet about that time, that there are certain "cough-spots," (confining his remarks to the lower air passages,) namely, 1. The interarytenoid fold; 2. Posterior wall of the larynx and trachea; 3. The under surface of the vocal cords; 4. And the bifurcation of the trachea.

He does not consider accumulation of mucous in the smaller bronchi causative of cough until it reaches one of the points above mentioned, so that ordinary bronchial cough has reflex areas, which, when irritated by a little mucous, result in cough.

Now we have a pathological or morbid condition of not infrequent occurrence in the nasal mucous membrane, that is likely to produce this reflex phenomenon. I mean chronic nasal catarrh, especially when it has resulted in hypertrophy, either of the mucous membrane or of the middle or lower turbinated structures themselves.

One case may be adduced as typical and illustrative of this:

Mr. H——, a druggist, aged 40, florid but not fleshy, healthy looking, reported to me, August 1883, as suffering for over a year with a peculiar paroxysmal cough, which troubled him most when in the recumbent position, and

especially when turned toward the left side, and the lower the head the sooner and more certain was the recurrence of the paroxysm. I examined the lungs, but could find nothing commensurate with the symptoms so graphically described. A few mucous rales were all that the stethoscope revealed.

I examined the larynx and trachea, even the bifurcation, with negative results. But the rhinoscope revealed a nasopharyngeal catarrh, with large hypertrophy of the inferior turbinated bones, the mucous membrane covering being hyperæmic; the hypertrophy was equal on both sides, but the septum being deflected a little to the left, rendered the corresponding nasal chambers almost impervious to air.

I touched the posterior part of the inferior turbinated bone on one side with bent probe, and by aid of the rhinoscope, when he at once had an attack of mixed coughing and sneezing. I thereupon gained his consent to remove the hypertrophied structures, which I did at that sitting with the snare.

Two weeks subsequently he reported himself better. I examined and found some hypertrophic mucous membrane, which I destroyed with glacial acetic acid. He has not been troubled with his irritating cough since.

I might add to the list of such cases, for they have not been uncommon during the past two years and a half since my attention has been more particularly directed to this subject, but will feel better pleased to shorten my own remarks, and allow others who may have similar experience to add to the number (in the discussion of which it is the object of this paper to evoke).

In looking for a physiological explanation of these facts, may we not find the chain of events something as follows:

The sensitive fibres of the terminal branches of the trigeminus nerve which supplies the part, are reflected along the motor fibres of the superior laryngeal nerve, exciting in the larynx the act of coughing, by causing contraction of the cricothyroid muscle. This muscular spasm is purely a functional derangement. But if this be prolonged, we find trophic changes going on in the part through reflected vaso dilator impressions which result in marked tissue changes, congestion with abnormal secretion.

Quitting the arena of physiology, we may gather up our scattered threads into a concluding practical suggestion: it occurs as a corollary to the subject of *nose cough*. If a mere mechanical irritation of the middle, or especially of the inferior turbinated bone, or a hyperæmic or hypertrophic condition of those parts will induce a spasmodic cough, it would seem probable that in a child, by predisposition or heredity, catarrhal, the inhalation of air colder than usual, especially of a damp cold air, would be accompanied by turgescence, and finally hyperæmia of the erectile tissue, which occupies this particular part of the nose, and thus induce "spasmodic croup," for as what causes a severe chill in an adult induces often a convulsion in a child, so the cause of reflex spasmodic cough in an adult may induce spasmodic croup in the child.

I look to this area as the cause of many cases of constantly recurring spasmodic croup, which are generally said to be due to a "predisposition."

The measures that relieve those attacks, namely, emetics, hot fomentations around the neck, and hot pediluvia and warm inhalations are exactly the measures that relieve the hyperæmia of the nasal erectile tissue. They afford temporary relief, but the cure of the "predisposition" consists in the removal of all hypertrophied and diseased conditions of the nasal mucous membrane.

The practical conclusion from the above is:

1. That in all cases of asthma, spasmodic cough and spasmodic croup of doubtful origin, the nasal chambers should be carefully examined, and any diseased condition corrected.

2. That nasal polypi and hypertrophy of the turbinated corpora cavernosa when obstructing the lumen of the nares, should always be removed.

Morphine in the Vomiting of Pregnancy.—Dr. W. C. Roberts, of Albany, Wisconsin, writes that in three cases of obstinate vomiting of pregnancy he successfully used muriate of morphine per rectum in half grain doses. Dr. Roberts asks for the experience of others with morphine given in this way.—*N. Y. Record.*

THE OPIUM HABIT AND ITS TREATMENT.

BY STEPHEN LETT, M.D., MEDICAL SUPERINTENDENT OF THE HOMEWOOD RETREAT, GUELPH, ONTARIO.

Read before the Canada Medical Society at Montreal, August 25th, 1884.

Throughout the whole range of our *Materia Medica* there is perhaps no drug whose potency for good and evil is more profound, than that of opium. Administered by skilful hands it has a wide range of usefulness; dabbled in by charlatans its dangers and evils are manifold.

It is not, however, to the use of opium in the hands of the intelligent physician that I would direct your attention, but to its employment as a habit, its daily use as an article of consumption constituting what has been variously called "the opium habit," "opium-eating," "chronic papaverisim," or the "opium psycho-neurosis." The extent to which this habit (or more properly speaking, disease,) exists, may in some degree be judged of by noting the large quantities of opium annually imported to America, which in the year 1882 amounted to over 300,000 pounds, an amount greatly in excess of what could possibly be required for medicinal purposes.

This fact should put us on the alert and cause us to ask ourselves, how far are we as medical men responsible for this ever increasing evil?

The manner in which opium is employed by its slaves varies, and is to a certain extent determined by the special circumstances under which the habit was at first contracted. Some smoke it, some snuff it, others eat the gum, drink laudanum, paregoric or other preparation containing it; but by far the most common mode of administration is the use of the hypodermic syringe, the employment of which appears to have increased opium habituates to an alarming extent. A druggist in New York says that he sells on an average one hypodermic syringe a day to this class of people, and that on some days he disposes of five or six.

It would be difficult to describe with accuracy the power exerted by opium over the human system when habitually used. Any words of mine would fail to adequately express the dreadful sufferings a confirmed opium taker endures, when deprived for any length of time of his usual portion. It would require the pen of a De Quincey or a Coleridge to do the subject ample justice. The drug holds its victims in bonds from which he cannot free himself; he is as powerless in the presence of this monster as is a sapling in the trunk of an elephant. No fetter of steel ever held its prisoner more securely, and few pains to which human flesh is heir are equal to those of the opium-taker. Any attempt to abruptly cut off the supply entails upon the sufferer tortures frightful to behold; and unless the accustomed stimulant which his system demands is speedily supplied suicide or death from exhaustion is apt to close the scene.

Much has been said about the pleasures of opium and the sublimity of dreams brought about by its influence. No doubt some persons do experience pleasurable sensations, but this is only in the early stages of the disease, when opium has not become a daily necessity and when days or even a week can be passed in comparative comfort without having recourse to the drug. Others never experience these pleasures, but *all* sooner or later suffer the pains.

The causes which induce the habit are various. Few persons, of their own free will, wantonly commence taking it; if there are any such, they are open to censure in the highest degree, and in them the habit may at first be looked upon as a vice. Many resort to it to induce sleep and quiet nervous restlessness, not knowing the consequences of their indulgence. But by far the greater proportion of opium-takers have had the drug administered to them for the relief of pain, either mental or physical, in the multiform conditions under which it arises. Opium does not cure the cause of this pain, it simply mitigates the suffering; therefore the necessity of its continuance until the habit, which is quickly formed, presents itself in all its hideous reality. Such patients are deserving of our sympathy and aid. It is not their fault that they are "opium-eaters;" they have not brought this unhappy condition upon themselves, and it

is a mistake to look upon them as miserable, vicious outcasts. How many are there amongst them who would not willingly sacrifice all they possess to be rid of that demon and monster which so tortures and robs them of physical and mental vigour.

Of the pathological changes which take place in chronic opium poisoning, nothing has been clearly demonstrated. That there are changes has been assumed more by inference than from microscopical research; that these changes are to any great extent permanent does not seem to be the case. Herein consists one of the great differences between opium and alcoholic inebriety. The structural changes which take place in the latter disease are lasting: a permanent lesion remains, and the effects of alcohol are indelibly printed on various organs of the body. Numerous reformed drunkards, who have perhaps lived many consecutive years during the latter part of their lives without permitting alcohol to pass their lips, have, nevertheless, died of alcoholism. Their death certificate may read "paralysis," "apoplexy," or some disease of the liver, kidneys, heart, or other organ, but the true return would be "alcoholism." Not so, however, with the opium taker, although it is true that, whilst he is under the influence of the poison, the mucous membranes become parched and dry, the secretions checked, the glandular system crippled, the nerves shattered, and the whole process of nutrition more or less interfered with. Nevertheless, when the habit is broken, these organs resume their functions; nature, relieved of a burden, seems to right herself, and the whole animal economy apparently proceeds on the even tenor of its course.

There are many points of resemblance between the excessive use of opium and that of alcohol, the one at times being used as a substitute for the other. Both tend to moral obliquity and to estrangement from the family circle, and if not successfully treated will lead to mental and physical ruin. Whilst, however, alcohol frequently arouses violent, dangerous, and pugilistic emotions; bringing destruction, misery, and poverty to the household, the emotions produced by opium are more placid: its victims, as a rule, being kind-hearted and well-disposed towards their fellow-creatures, but cunning to the last degree, with a total disregard for truth so far as relates to the supply of their accustomed stimulant.

I shall not occupy the time of this Association by entering into the medico-legal aspects of the question, or by enquiring into the extent to which the offspring of an opium habituate is impaired in its mental and physical development; these are subjects which present points of interest. But I will proceed to a synopsis of the treatment which has been found successful in dealing with these cases.

Hitherto, physicians, as a rule, have looked upon opium-taking as a habit, and not as a disease. Their function is not so much to deal with habits as to treat disease, hence the treatment of this disease has been left to charlatans and irregulars, who find its victims an easy prey. And these, after extorting all the money they can, pronounce the unfortunate ones cured, leaving them to continue their pernicious indulgences under some other form from that originally contracted.

At the outset we may premise that there is no known antidote to chronic opium poisoning. What, then, is the course to be pursued in the treatment of these cases? Shall we, as in many cases of alcoholism can be so easily accomplished, cut the drug off at once? There is no doubt that in some few instances this can be done successfully, and I know of a case at the present moment where the abrupt stopping of the supply was not followed by any untoward circumstance; but cases of this kind are like meteors, few and far between, appearing at unexpected times. The remarks of Dr. Hughes, of St. Louis, are so forcible, and so well describe the pitiable condition of patients suddenly deprived of opium, that I may be pardoned for quoting them at length. He says:—"The colliquative diarrhœa, at first often quite bilious, the foul tongue, feeble pulse, sense of constriction in the epigastrium, nausea and vomiting, the profuse cold, clammy perspiration, the extreme sensibility to cold and sound, anorexia and loathing of food, abdominal and muscular pains, borborygmi, insomnia and delirium, present an indescribable picture of suffering when the opium is suddenly withdrawn. Medical

men know not what they do when they suddenly and entirely take from the habitual user of opium the drug to which he had become enslaven. No cruelty could be greater, and no man with much experience with the pitiable victims of this terrible slavery could advocate such a plan of management. No physician who has ever tried the total withdrawal or abrupt weaning plan with the sufferer under his own eye, day and night, could advocate its repetition, that is, when the quantity taken has reached three or more grains daily, and the habit has lasted from three to six months. I doubt if even a grain and a half could be abruptly withdrawn from a feeble patient who has not taken more, without peril. The tyranny of opium is bad enough without a tyrant physician to minister to its enthralled subject. 'Whatsoever ye would that others should do unto you, even so do unto them,' is the sacred duty of the physician in treating these most pitiable of all the slaves of a morbid appetite. Medical men of violent therapeutic proclivities, who advise the abrupt abandonment of all opium, overlook the fact that a shattered, nervous system has to be reconstructed, which never was perhaps very strong—a system in which the *vis medicatrix naturæ* is not and may never have been very strong—a system in which nutrition is and may have been for a very long time below par. To throw upon such a person the painful burden of entire withdrawal, is to unmask a battery of horrors which many constitutions cannot endure." Such is Dr. Hughes' view.

I know of a case where home treatment by the husband was commenced by the sudden and complete withdrawal for four days of the patient's daily dose of gr. viii. of morphia; this brought the unhappy victim to death's door; life was saved only by the prompt action of the physician, who restored the morphia and administered brandy hypodermically. Irreparable mischief was, however, done; the nervous system could not stand so great a shock, insanity supervened, recovery is doubtful. [The death of this patient was recorded in the daily papers a few days ago.]

The number of suicides committed under the similar circumstances is almost incredible. A case of this nature comes vividly before me at the present moment; it is that of a son of an esteemed citizen in one of our western cities. During the Franco-Prussian war his martial proclivities led him thither, he received a painful wound in the leg, the hospital surgeon ordered hypodermic injections of morphia. This order was never countermanded, the nurse continued to administer the morphia until some months later, when the unfortunate victim left the hospital and returned to Canada a confirmed opium-taker. When he consulted me he was taking hypodermically 24 grains of morphia daily. Not being in a position to take charge of the case, I recommended him to go to one of the reputable institutions where such cases are treated, and place himself in the hands of the superintendent. This he did not do, and a short time afterwards the morning papers recorded his self-destruction.

This tendency to suicide is not to be wondered at when we consider the miserable existence, and the dreadful, indescribable gnawing creeping, and craving sensations of the opium-taker deprived of his drug. Listen for a moment to the earnest appeal for means to quickly destroy himself, of a patient who was not deprived of opium, but whose powers of endurance were overestimated and the gradual withdrawal of his daily allowance carried a little too far. He says:—"I appeal to you, as one man to another, to give me something that will cease this wretched life of mine. . . . I declare to you upon my soul that I cannot go through this night without making some attempt. . . . I entreat you to save me the agony of the violent method, which will be my only resort if you do not help me." . . . . He further declares that his will is gone, that he is unfit for the responsibilities of life, the care of his family, that he cannot get rid of his enslaver, and ends by saying: "Surely it is a charity to end such a useless life as mine; and, depend upon it, heaven will reward you for the mercy you show me."

It will now be seen that there is only one method in which these cases can be successfully managed, that is, to very gradually reduce the quantity taken, and, as the opium is withdrawn, to supply its place with some agent which will

sustain the system and control these terrible sensations until recuperation takes place, the process of nutrition is re-established and the system is able to stand alone, then both opium and its substitute can finally be withdrawn.

Before treatment is commenced, however, it is necessary to inquire into the patient's idiosyncrasies, as well as ascertain whether he is the subject of any organic disease which, though held in abeyance by the opium, is sure to become active when that agent is withdrawn, and frustrate all probabilities of cure. Inquiry must also be made as to the existence of hereditary predisposition to insanity or other serious neuropathic disorder; and, lastly, in the case of females, assurance must be had that the patient is not pregnant—abortion would be sure to take place, accompanied by alarming hemorrhage, requiring most prompt and active measures to avert a fatal issue. Having satisfactorily settled these points, the treatment may be commenced with every prospect of success, for, neither does the quantity of the drug consumed, or the length of time the disease has existed, form an insuperable barrier. Comparatively easy victories have been obtained over the drug where it has been taken in large quantities, and when the habit had been of many years' duration.

For the purpose of supplying the place of opium in the manner indicated, various agents have been used, but none seem to answer the purpose so well as large doses of quinine, recommended by Dr. Hughes, of St. Louis, or the best English solid extract of cannabis indica, so strongly advocated by Dr. Hubbard, of New York. During the course of treatment other therapeutic agents are required: The valerianates and chloral will be found useful to induce sleep; the compound tincture of cinchonæ and coca leaves, in depressed conditions. Hot salt water baths can hardly be dispensed with, their power of soothing and allaying nervous irritability, equalizing the circulation and inducing sleep, makes them one of the most valuable remedies at our command. To relieve constipation, a good deal of fruit should enter into the diet. If this fails to produce the desired effect, copious enemata of castor oil will be required. During the crisis which follows the withdrawal of the last infinitesimal dose of opium, ten drop doses of dilute phosphoric acid, repeated every half hour, exerts a wonderful influence. In this we possess one of the most powerful of all drugs to combat and control the spasmodic twitching and nervous irritability incident to this stage of the case. It cannot, however, be continued beyond five or six doses, as its tendency to irritate the stomach prohibits its further exhibition. Musk, limewater, mustard, friction, and electricity, are all useful in assisting to bridge the patient over the crisis, a period which lasts but twelve hours, after which all necessity or desire for opium is gone, and the danger of returning to the drug has passed.

In order that a clearer idea of the management of these patients may be conveyed, I give the following outline of a case which has lately passed through my hands:—

A. B., male, aged 32, married, has had several children, all strong and healthy, the youngest two weeks old; admitted February, 19th, 1884.

Previous to forming the opium habit his general health is reported as having been good, though of a nervous temperament. He is said to have had a few fits at long intervals, the precise nature of which is not clearly defined; the last one occurred a few weeks ago, upon recovering from chloroform which was administered to have a tooth extracted.

Patient first took opium about six years ago, laudanum being given to him by a medical student to relieve neuralgic pains and sleepless nights, the result of overwork at an unhealthy occupation.

When admitted, he was consuming six ounces of laudanum a day, and presented the usual physical and vital phenomena of the confirmed opium-taker, viz.:—Spasmodic twitching and jerking of the muscles in a marked degree; knees weak; darting pains running down the legs; circulation feeble; extremities cold and clammy; pulse slow; anæmia marked; complexion sallow and dusky; pupils contracted; insomnia; appetite poor, and bowels constipated. He was not, however, emaciated: on the contrary the body was well nourished.

Treatment had been tried on three former

occasions, once by a specialist in New York, and twice by physicians in private practice.

For about two weeks previous to admission he had increased his dose to eight ounces of laudanum daily. This was done to enable him to finish certain work he had in hand before admission, and during the twenty-four hours previous to arrival he had consumed fourteen ounces, as well as numerous alcoholic potions, obtained whenever possible during a ten hours' railroad journey.

Treatment was commenced on the day of admission, according to the plan laid down by Dr. Hubbard, of New York, viz. :—To at once stop the daily dose of laudanum, and supply its place with an equivalent, or rather less, of morphia; then to gradually reduce this, and sustain the system with cannabis indica. Accordingly he was put on the following mixtures, which were placed under lock and key, and the daily doses administered by a trustworthy attendant. One bottle was made up containing the following, and labelled No. 1 :

℞ Morphia sulph..... ℥xvii.
Spirits vini. rect. ..... ℥viii.
Tr. gent. co. ..... ℥x.
Tr. zinziber ..... ℥i.
Pulv. acacia ..... ℥i.
Aqua ..... ℥xxv. M.

℥ij three times a day, after each meal.

Another bottle was made up of the following, and labelled No. 2 :

Et ℞ Ext. cannabis indica (solid) ℥v.
Tr. zinziber ..... ℥iij.
Glycerine ..... ℥xx.
Spirits vini. rect. ..... ℥xviii. M.

This mixture to replace what is taken out of No. 1 after each dose.

To have hot salt water baths every other night before going to bed.

Feb. 20th.—Has not had an action of the bowels for several days. Ordered an injection containing ℥viii castor oil, which produced a hard and painful evacuation, leaving the patient quite exhausted.

March 2nd.—Up to the present has not materially felt the change from laudanum to morphia, but this a.m. is somewhat depressed and presents symptoms indicating that the reduction of morphia has been pushed as far as the system will comfortably bear. Therefore have discontinued the use of No. 2, and ordered gr. ii quin. sulph., twice daily.

March 3rd.—At the patient's urgent request his morning dose was administered before instead of after breakfast. The effect of thus interfering with the even course of treatment was to cause considerable depression and encounter much difficulty in bridging the patient over the irregularity, necessitating the administration of sustaining drugs, for which purpose ℥i doses fl. ext. damiana were given morning and evening.

March 9th.—Feeling a great deal better yesterday and to-day; stopped the quinine and substituted therefor quin. et ferri cit.

March 13th.—The patient's system has now become accustomed to the reduced quantity of morphia which is being taken, and have ordered the reduction to be continued on the following basis : No. 2 to replace the quantity taken from No. 1 after midday and evening doses.

March 15th.—Low and depressed this morning; complains of pains in various situations, notably over the epigastrium and down the legs, administered ℥i fl. ext. damiana, with gttx. spts. am. aromat., also supplied him with coca leaves, directing him to chew them and swallow the juice. Was much better towards the afternoon, and quite bright and cheerful in the evening.

March 16th.—A great deal better to-day; to continue the coca leaves.

March 20th.—Complains of the bowels being relaxed; upon close inquiry found that he had only had two semi-solid evacuations, which to him were a diarrhœa as compared with his usual constipated condition.

March 29th.—Has been progressing satisfactorily up to the present time, reduction going on steadily, and the patient well sustained. Unfortunately he received a letter this afternoon containing money, and, notwithstanding all ordinary precautions, he obtained ℥ij tr opii and ℥iv whiskey, which he consumed.

March 30th.—The depression following the over-stimulation of yesterday is very great, and it was found necessary to administer preparations of valerian and Peruvian bark.

March 31st.—Could not sustain him without stopping the reduction, therefore discontinued the use of No. 2.

April 18th.—With the assistance of valerian bark and coca leaves the system gradually righted itself. He is now quite himself again, and anxious to finish some painting which he began when first admitted. In order to do this it was necessary for him to go to the city, about a mile distant, to obtain some materials. Accompanied by myself he walked there and back. Feeling somewhat fatigued upon his return a dose of valerian and bark was given him. For the purpose of softening and cleaning his paint brushes he was also given ℥ij spts. vini. rect. In the evening, whilst playing cards, he was feeling a little unstrung, and went to his room for some coca leaves. As a practical joke one of his associates had hidden them away; feeling depressed and not being able to obtain the leaves to sustain him, he mixed the spts. vini. rect. with water, and drank it. About eleven o'clock he was seized with a convulsion, partaking of the nature of epilepsy, preceded by a scream. When visited almost immediately, he had fallen on the floor and was grinding his teeth, no frothing at mouth or other indication of spasm. There was evidence of partial consciousness, though afterwards the patient had no recollection of what had taken place. He, however, says that he went into his room and got into bed, but was haunted by the terrible vision of seeing his favourite child in the corner of the room dying, while he was powerless to render any assistance or even go near it. This hallucination was present most of the night, and he would frequently sit up in bed and look towards the particular corner, calling the attention of his attendant to what he imagined he saw. After being placed in bed he became more and more conscious, but with a correspondingly increased irritability of the nervous system, until in a short time he was suffering extreme torture—pains in the limbs, chest, and abdomen, frightful to bear, face flushed, head hot, and a sensation which he described as that of animals crawling about in his brain; there was inability to rest for more than a moment in any position, and suicidal tendencies presented themselves in a marked degree. A dose from mixture No. 1, equal to gr. 2½ of morphia, was administered, after which he gradually became more tranquil and went off into a sound sleep, disturbed only by occasional spasmodic twitching and jerking of the muscles. At 8.30 a.m. he awoke and said he felt better, but complained of being very weak; all irritability had subsided.

What the cause of this convulsion was is perhaps difficult to define. In all probability it was the combination of the following circumstances:—Running races the evening previous, thereby accelerating the circulation beyond its normal and taxing his strength too severely; the walk into the city and back that morning producing over-fatigue; and lastly the toxic effect of the alcohol which he drank. However this may be, a curious coincidence must not be lost sight of. When returning from the city he, for the first time, questioned me very minutely as to the probability of the reappearence of epilepsy when the last dose of morphia is withdrawn, adding, that for the past few days he felt as though a fit were coming on. He also stated that one of his sisters was a confirmed epileptic, and that he himself had fits when quite a boy.

The patient now improved rapidly, and in a few days reduction of morphia was resumed. Mixture No. 1 was tested, and its strength computed as gr. i to the ℥i. As the quantity remaining was small, it was recompounded so as to measure ℥212.

With one slight drawback on the 26th of April, his progression was satisfactory up to the 9th of May, when he presented symptoms of more than usual depression, with suicidal tendencies so strong, deliberate, and determined that only by the greatest vigilance and the services of a special attendant to stay with him all night, together with an extra dose of morphia, was a catastrophe avoided. The cause of this unlooked-for change lay in the fact that more money had been sent to him through the post, thereby placing temptation before him which he had not the will-power to resist, and which nothing short of constant restraint under lock and key (a course which would have entirely frustrated all chances of cure) would have prevented. He partook of a liberal amount of alcohol and depression was the inevitable result.

It was now necessary to abandon reducing for the time being, but by careful management he was sustained at the point he had reached. In time his system righted itself, and on the 26th of May the use of mixture No. 2 was cautiously resumed.

The case now progressed favourably; the bowels and other mucous membranes became relaxed (a good omen) on the 29th of May, and continued more or less so up to the 15th of June, when active diarrhœa set in, the bowels moving copiously seven times during the day. This was the signal for action; he was now taking very minute doses of morphia, not more than gr. $\frac{1}{10}$, therefore mixtures Nos. 1 and 2 were discontinued and the patient permitted to pass into the crisis which proved to be uncomplicated. Muscular twitchings and neuralgic pains were the most prominent symptoms at first; these were successfully combated and controlled by quinine, dilute phosphoric acid, and hot baths. The action of the phosphoric acid was prompt, but it had to be discontinued after the sixth dose, as the stomach was becoming irritable. Thus the first night passed in a satisfactory manner; the day following presented no untoward symptoms, the patient feeling weak, otherwise tolerably comfortable, but did not sleep; bowels acting freely. The next night symptoms of irritability appeared, which for a time were quite as severe as the previous night; gr. v of musk every half hour, together with hot baths, brought relief, and the only troublesome symptom was vomiting, which was relieved by mustard plasters and lime water. In the morning some light nourishment was partaken of, which was followed by refreshing sleep; this terminated this critical period. Improvement henceforward was progressive and rapid, the only medication given being a mixture containing iron and quinine. The bowels gradually righted themselves, and two weeks later the patient returned to his home, much improved in health and strength, with all desire for opium gone.

Under date of Aug. 6th, nearly two months after he was cut off from opium, he writes: "I have taken no opiate of any kind, not even alcoholics, since leaving the 'Retreat;' and I can assure you that I feel all the better as it is, and I am now feeling better than I have felt for years."

In the description of this case, Mr. President, and indeed in the reading of this paper, I cannot lay claim to having brought before you anything strictly new, but have simply noted some of the salient points which this interesting class of afflicted humanity presents, and at the same time endeavoured to give in outline the indications for treatment.

I trust I may be pardoned for having sought, at some length it is true, to direct your attention to a disease which already numbers its victims by hundreds, and which threatens to exert a serious influence upon the coming generation.

A CASE OF HYSTERIA.

BY W. GUNN, M.D., L.R.C.P. & S., ED., BRUCEFIELD.

(Read at Ontario Medical Association, Hamilton, June, 1884.)

Eva L., aged 13, poorly nourished, tall for her age, complexion fair, hair and eyes of a brown colour, never menstruated.

One of her sisters died of consumption. The rest of the family, eight in all, and her parents, are living, and fairly healthy. The family connection is inclined to the nervous temperament.

She was healthy up to the time of present illness. She went to school, played, and learned her lessons like the other girls. As a scholar she was rather in advance of her class. Had measles in childhood.

Present Illness.—She began to complain in January of 1882, when she was between ten and eleven years of age. *The initiatory symptoms* of her illness consisted chiefly of a pain in the left side in the region of her heart, and general weakness. This state continued for a few weeks, during which time she occupied an easy chair or a sofa. She took to bed in February of 1882, where she has remained since. She was unable to stay up longer, owing to muscular weakness. After being in bed about three months, her attendants tried to pillow her up one day, when she lapsed suddenly into a semi-conscious state, and remained so for ten weeks. *During this state* she seemed to have lost the use of all her special senses, excepting that of taste, which was sensitive to a troublesome

degree. A distress in her breathing or raising the right elbow indicated her desire for some particular food or drink, or that she wanted to urinate or to have the use of her bowels. After a number of unsuccessful trials, her nurses were usually able to gratify her desires. At regular intervals during this state she took fits, which will be referred to hereafter. She came under my care for the first time in May of 1883. The symptoms then presented were referable chiefly to her *nervous system*, *special senses*, and *alimentary canal*.

Nervous System.—She had *fits*, which came on periodically three times a day. They began when she was in the semi-conscious state, and continued till the 1st of May, 1884. A minute or two before they came on she would cease any work that might be occupying her attention, and lie in a *dormant* condition. The fits were characterized by a peculiar *cry* and *spasm* of certain muscles. The cry was a loud, shrill, expiratory moan, resembling that of a woman in the latter stage of labour, and it continued while the fit lasted. With the commencement of the fit, the knees were drawn rigidly to the chin, and stayed fixed in that position throughout. The left arm remained still by her side, the thumb being drawn across the palm of the hand. The right arm kept in constant motion, the hand touching alternately the small of the back and side of the head or forehead, as if she felt pain in those parts. She had choreic movements of the muscles of the face. These were constant in the arms, but affected the face very little excepting during the fit. Her attendants were in the habit of keeping her legs and thumb extended by force, and keeping cold to her head. When these remedies were neglected the fit was increased in duration and intensity. Pinching or pricking with a needle modified them in a similar way. The fits came on regularly at 10 o'clock a.m., and at 3 and 9 p.m. Sometimes she missed the one at 3, and then she had two in succession about 9. Doing anything to annoy her would often induce a fit. Pressure on the ovaries did not prevent or modify them in the least.

Nervous Sensibility.—Since her semi-conscious state she has had anæsthesia of the left arm, between the shoulder and elbow. Pinching or pricking with a needle does not appear to give rise to pain in this part.

Special Senses.—Sight and smell are entirely absent. She employed part of her time in making book-marks and other fancy work. This work exhibited considerable taste and skill, and necessitated the blending of several colours. She performed it equally as well with her eyes closed as with them open, thus proving that her blindness was not feigned. Her eyes are natural in appearance, but quite anæsthetic. She was deaf before the morning fit. After this she heard, and conversed in a low tone for the rest of the day. If the speaker put her hand to his lips before the first fit, she would understand what was said and would answer. This was discovered by accident. Her parents think that she recognized the words by the sense of touch.

Gastro-Intestinal System.—She vomited regularly after each meal for more than two years. The kind or amount of food that she ate made no difference in this respect. Her appetite is good but capricious—sometimes ravenous. Her bowels seldom move oftener than once in two or three weeks, and then frequently by the use of a purgative, which is administered with difficulty. When she defecates, three assistants are usually in attendance. Two steady her hips on the chamber and one supports her head and shoulders. She intimates her desire to be raised by a movement of the right arm or by a peculiar moan. Then all her muscles become relaxed, and her limbs and body develop suddenly into a mass of joints, as it were, so that it is no easy task to retain her in a fixed position.

Modification of Symptoms.—On the 1st of May, 1884, she told her people that she went to Georgia to gather cotton some time ago, and had returned—referring probably to her semi-conscious condition. She said that she intended to go to Georgia again, but would never come back; and then she passed into a somewhat similar condition of unconsciousness. Her breathing became rapid and laboured in the daytime, but natural at night when asleep. She neither spoke nor appeared to hear anything, but showed signs of distress on being

pinched or hurt in anyway. Her respirations in daytime were about 30; pulse, 115; temperature about normal. She returned from "Georgia" in two weeks, when she was again able to speak. The trip improved her somewhat, for since then she has neither the vomiting nor the periodical fits. Other symptoms are substituted however. She complains of pain along the spine, which at times seems to be excruciating. These fits of pain come on every day or every other day, and last for an hour or two, the pain being referred to the back of the head as well as to the spine. She has still anæsthesia of the left arm, between the elbow and shoulder; hyperæsthesia along the spine, but in no other part; absence of sight; choreic movements very slight.

Intelligence, etc.—Her memory is good. She listens attentively to interesting reading. Before May 1st, 1884, she would often discourse in a low tone, and would sing hymns if asked to do so. She wrote letters to her friends, and occasionally wrote feeble verses of original poetry of a sacred character. She was also very fond of doing fancy work. Since then her speech is confined to curt answers to questions, and she never attempts to write or to do any kind of work. She lies in bed with eyes closed, and frowns often. She seems annoyed when her condition is referred to in her presence.

Treatment.—Arsenic, bromide, ferruginous preparations, laxatives, massage, and electricity were employed to counteract the chorea, anæmia, constipation, and muscular weakness, and probably with good effect. Her attendants are very indulgent and sympathetic, the effects of which are by no means beneficial.

Selections.

TYPHOID FEVER AND SYPHILITICS.

Apropos of an observation of M. Martineau, at the *Société Med. des Hôpitaux*, that syphilitics who are being treated with mercury are more prone to be carried off by cholera, M. Dujardin-Beaumetz said he considered syphilis an aggravating circumstance, not only in cholera, but in typhoid fever. He has always noted that the typhoid patients which came to him from the Midi and the Lourcine were in particularly unsatisfactory condition. It was a common saying at the Cochin that a syphilitic in the first stage who takes typhoid fever is a condemned case.—*L'Union Med.*

Static Electricity as a Preventative to Cholera.—M. Romain Vigouroux, says *(Le Prog. Med.)* that ozone neutralizes *all* the germs contained in the atmosphere, and is the best antiseptic against the cholera germ. It is best generated by means of the silent discharge of static electricity. Patients who have been thus electricised state that the smell of the ozone has been preserved about their skin and clothing for many hours, and even until the next day; that is, that the ozone is produced upon the epidermis, which it impregnates at the very places that the morbific germs have to pass through. In addition to its ozonising action, static electricity has the positive advantage of ameliorating nutrition and thus increasing the vital resistance.

INTRA-VENOUS INJECTIONS OF SALINE SOLUTIONS.

At a meeting of the Berlin Society of Internal Medicine, Herr Kronecker exhibited an apparatus for the infusion of saline solutions into the general circulation. The speaker stated briefly the principles of this method, which, though by no means a new procedure, was still not so widely known and appreciated as, by reason of its value, it ought to be. There were several precautions to be observed in employing this method for restoring the normal fluidity of the blood, the first and most important of which was to secure a suitable solution. He had formerly thought it important to add a certain proportion of soda to the solution, but had recently omitted the alkali and had obtained equally good results. Experiments on animals had shown that a solution which was suitable for one species might be harmful to another, hence it was not safe to conclude, without further trial, that a mixture which was well borne by certain animals would be suitable for the human subject. Some recent experiments by Aronsohn and Marckwald had shown that a

proportion of $\frac{75}{1000}$ part of chloride of sodium to 100 parts of distilled water (about 56 grains to the pint) caused no irritation to the mucous membranes or subcutaneous tissues, and the speaker proposed a solution of this strength as the one best adapted for intra-venous injection.

Regarding the proper method of introducing the solution into the circulation, Herr Kronecker expressed a decided preference for intra-venous over subcutaneous injection, as offering the greater certainty that the fluid will be taken up by the blood stream. But great care should be observed not to inject the solution too rapidly or with too great pressure, because of the danger of filling the heart with water and driving from it all the blood. Having made a number of observations on this point, the speaker had been able to set five drachms per second as the limit beyond which we should not pass in making intra-venous injections of fluids other than blood. For making the injection we need a bottle, graduated to drachms, to which a rubber tube with canula attachment is fastened. By holding the bottle at a proper height we are enabled to force the fluid at any desired rapidity into the veins; but as the pressure varies according to the amount of fluid contained in the flask, the height at which the latter is held must be constantly raised during the operation. In order to obviate the necessity of this, Herr Kronecker had recently employed a Mariotte flask, by means of which a constant pressure is obtained, whatever may be the variation in the quantity of the contained fluid.

One great advantage possessed by the saline solution was that it could be disinfected. The air in the flask could also be kept perfectly pure by allowing it to pass through cotton saturated with a disinfectant solution.—*N. Y. Record.*

DEODORIZED IODOFORM.

Iodoform	18	grammes
Sulphate of quinine	3	"
Powdered charcoal	15	"
Essence of peppermint	40	drops

Thus prepared the iodoform may be associated with the ordinary liquid excipients.—*Bull. de Trérapeut.*

RESECTION OF THE HIP AND KNEE.

M. Neuber, of Kiel, at the German Society of Surgery, proposed some modifications in order to insure the solid anchylosis of these articulations which he asserts should be the result desired by the operation. He goes so far as to pin together the vivified surfaces of the femur and tibia. Hahn, of Berlin, has employed this method 25 times since 1882. Volkmann and Kœnig, on the contrary, thought that operations with the object of producing anchylosis should be abandoned, because the patients use the limb with difficulty. The endeavour should be to make new articulations. Doubtless the solidity of the limb is less, and the limping is greater than with anchylosis, but the persistence of function is preferable. In the child, Volkmann said that the resection of the knee was never necessary; the operation should be limited to extirpation of the synovial membrane. Kœnig went so far as to say that resection of the knee in children under 14 years was a grave fault. M. Neuber replied that before all it was necessary to preserve the life of the patient, the conservation of the functions of the limb was a secondary consideration. But, said Volkmann, none of my resection operations have died. Pardon, replied Neuber, I know from very good authority that at your clinic many of your hip resections die. That is an error, replied Volkmann. Deaths from albuminuria and tuberculosis should not be set down to the operation.—*L'Union Med.*

BLEEDING IN URÆMIA.

M. Landouzy, in the *Gaz. des Hôpitaux*, relates a case of uræmic poisoning in a woman who showed great improvement after the appearance of a copious menstrual flow. And he remarks what the menses accomplished in this patient you should do in toxæmics, that is, bleed to free them as quickly as possible from the poison which is intoxicating all their viscera; bleed them, but do not purge them; for if this woman, instead of having her menses, had had diarrhœa, for example, the uræmic symptoms, instead of amending, would have become intensified. You would have done as much good in abstracting from your patient 200

grammes of blood as if she had passed 7 litres of normal urine. Do not hesitate to follow the practice of our old masters, who did not fear to open a vein in toxæmics. It would take 280 grammes of alvine matters or of serum from the intestinal mucous membrane to correspond to one litre of normal urine, containing 30 grammes of urea and 450 centigrammes of extractive matters, whilst only 200 grammes of blood, I repeat, are equivalent to 7 litres of normal urine.

HYDRASTIS CANADENSIS.—The *Lancet* states (without giving the source of its information) that M. Schatz has employed a fluid extract of this drug in fifty cases of uterine hæmorrhage due to various causes. The results have been very satisfactory in about two-thirds of the cases. Metrorrhagia due to fibroid tumors, post-puerperal metrorrhagia, and menorrhagia about the time of puberty, were the affections most readily relieved. The fluid extract was given in doses of twenty drops three times a day. The treatment was begun a week or more before the commencement of the period of menstruation. Under its influence the duration of the catamenia was diminished and the blood discharged was lessened, and in some cases there was actual suppression.—*N. Y. Med. Journal.*

PROLONGED ANÆSTHESIA.—M. Brown-Séquard maintained an epileptic, who had fractured his arm, in a chloroformic sleep for eight days, in order to avoid a fresh attack of epilepsy. Two physicians, his aids, and an intelligent and devoted staff of nurses were sure guarantees that the sleep had not been broken in an appreciable manner.—*Le Prog. Med.*

MR. LAWSON TAIT'S OPERATION FOR SUPPURATING HÆMATOCELE.

Mrs. Thomas S., an English woman aged thirty-two, was sent to Dr. Sutton about the first of June, 1884, on account of a painful enlargement of the lower portion of the abdomen. The pelvis was full, the uterus misplaced; the patient was thin, anæmic, and bore a haggard countenance. After examination, the mass, in which fluctuation was evident, was diagnosticated an abscess. As there was no bed empty in the hospital at the time, she was sent home with a letter to her physician, requesting him to tap the collection without delay. This was done by Dr. J. Q. Robinson, of West Newton, on the following day, and a very large quantity of pus was evacuated. For two weeks the patient improved in every way; by the end of three weeks the sac was full again, and she was suffering pain. Again she was sent back to Dr. Sutton, who received her into his private hospital on June 21st, and performed Mr. Tait's operation on June 24th in the presence of Dr. Robinson, of West Newton, Pa., and Dr. Knox, of McKeesport, Pa.

An incision two inches long was made through the abdominal wall, and all bleeding was so effectually controlled that no blood entered the cavity of the abdomen. The peritoneum at the edges of the abdominal wound was then closely stitched, with antiseptic silk, on to the dome of the abscess sac lying in full view. The sutures were cut short, to be left. An aspirator trocar was introduced through that portion of the sac wall left exposed, and pus was immediately found, but it was so thick that but little could be withdrawn. The sac was now laid open and nearly a quart of pus and blood-clots was removed from its interior. The wound was cleansed of all pus and blood and well dusted with iodoform. A large glass drainage-tube was introduced to the bottom of the sac, and the wound was closed with silkworm-gut-sutures above and below it. Each suture included the pus sac which was thus secured to the abdominal wound by a double row of sutures, viz., the row uniting the peritoneum to the peritoneum covering the sac and the row closing the abdominal wound, each suture also including the sac. Prior to the operation her temperature was 99°. Six hours after the operation her temperature fell to 98.4°, and never rose above normal afterwards. On the sixth day a smaller glass tube was substituted for the large one. On the eighth day this was removed and a small rubber tube inserted. This tube and the stitches uniting the abdominal wound were removed on the fourteenth day. She returned home on the twenty-second day after the operation appar-

ently perfectly cured, and no further trouble has been reported.

The operation was in every way satisfactory, and Dr. Sutton remarked that Mr. Tait had, by giving us this operation, done much practical good for this class of cases. — *Med. News.*

TREATMENT OF PUDENDAL HEMATOCELE.

As regards treatment, there seems to be some diversity of opinion among authors, for the directions laid down by them are not uniform, yet a general rule of procedure can be deduced therefrom. In both of my traumatic cases I was in the outset, from lack of experience, at a loss how to treat them; I became only more perplexed after I had consulted the views of various authors, and I finally decided to act as I did in the cases mentioned.

Of course, it is a well-settled principle of surgery *never* to incise a recently-formed effusion of blood, lest uncontrollable and fatal hemorrhage ensue. Hence, when seen early, or when effusion of blood is still going on, our efforts should be directed to the arrest of the hemorrhage, by the application of cold and pressure. As already stated, small effusions may become absorbed or encysted, and all the treatment required in these cases is to keep the patient quiet and to apply evaporating lotions with pressure. A good method of applying internal pressure in these cases is that suggested by Prof. Lusk. It consists of this: A rubber bag or a large Barnes' dilator filled with iced water should be adjusted in the vagina, and then, by the double action of cold and pressure, the hemorrhage may be checked. Opiates may be given to relieve pain.

In those cases in which the effusion is so large that absorption is improbable, it will be necessary at some time in the history of the case to incise the tumour. If we wait till suppuration shall have set in, we will run the risk of sepsis. Hence it seems to me that, after waiting a reasonable time after the occurrence of the extravasation, and when we think that the hemorrhage has ceased, it is preferable to incise the tumour, clear out the clots, wash out the resulting cavity with an antiseptic solution, and make use of iodoform with firm pressure.

If the bleeding should continue, however, after thus incising the swelling after a reasonable period of time shall have elapsed, then the bleeding vessels should be secured by ligature. It has even been recommended to apply the thermo-cautery to the bleeding cavity, after the swelling has been opened in order to arrest the flow of blood.

If the effusion occur during labour, and it be sufficiently large to impede the birth of the child, it is proper to make a free incision at the most dependent part, and the advancing portion of the child will act as a tampon to control the hemorrhage. If it occur before the presenting part has descended, pressure must be applied. If it form after the birth of the child, it should be treated as one of an extraneous traumatic origin. At whatever period the incision may be practised, it is not advisable to remove all the clots at first; leave those which seem to adhere, and they will gradually come away with the subsequent dressings. The incision should be free and not merely a puncture, and after the clots have been extracted the natural contractility of the parts will cause the wound soon to close up. As regards the part of the tumour where we are to operate, we must always be guided by the fact that it is necessary to secure free drainage from the wound. Hence it should always be opened at its most dependent part, even if there should be indications of pointing elsewhere. It is usually preferable to cut on the inner or vaginal side of the labium majus.

If, when the effusion is small, no sign of absorption occur after a reasonable period of time, then it will be proper to employ hot poultices to encourage suppuration, and as soon as pointing takes place, the pus should be liberated. The discharge will sometimes emit a distinctly stercoral odor which might possibly lead to the erroneous opinion that the hematocele is complicated with a recto-vaginal fistula. It has been well demonstrated by surgeons that, in abscesses near the rectum, it is quite usual, without any communication being present with the intestines, for the purulent matter to possess a fecal odor.

Since the great mortality in former times was most probably due to septic infection from absorption of the purulent and decomposing san-

guineous constituents of these effusions, it is very necessary and important that the antiseptic method should be rigidly carried out in the frequent irrigations ot the cavity with disinfectant lotions, preferably of the bichloride of mercury 1 part to 2,000, or of phenic acid of a two per cent. strength. Then all the indications for treatment will have been met, and a favourable result may be, in very nearly all cases, confidently expected. — *Fruitnight, in American Journal of Obstetrics.*

THE
Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

To Subscribers.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

We regret to learn that, from some cause unknown to us, copies of the Journal have lately gone astray. Any of our subscribers who have not received it regularly, may obtain the missing numbers on application to Dr. Aikins, by post-card or otherwise.

TORONTO, OCTOBER, 1884.

MR. LAWSON TAIT'S ADDRESS ON ABDOMINAL SURGERY.

Mr. Tait's address, delivered at the recent meeting of the Canada Medical Association, which we published in full in our last issue, contains, as was to be expected from such a brilliant light in his department, much that is interesting and worthy of comment.

He commenced by contrasting in rather a happy manner the new and old worlds. He referred to our spirit of progress as opposed to the extreme conservatism of Great Britain, and gave many instances of each. In speaking of his own work at Birmingham, he thought the visitors from this side of the water were more fair in their judgments, which were formed apart from any "prejudice, tradition or personal bias." It may be that we have been able to form a pretty correct estimate of Mr. Tait's wonderful achievements ; but the reasons given do not cover the whole ground. We can add another which has had much to do with the prejudice against the *man in Birmingham, i.e.*, local jealousy, which has been especially manifested on the part of the metropolitan surgeons towards those living outside London, including particularly those of the provinces.

A few years ago the Londoners thought nothing good could come out of Birmingham, and, at the same time, the worst thing in it was Lawson Tait, whom they accused of being everything but a truthful, honest, and successful surgeon. In this respect they certainly showed the *bias and prejudice* much more than the influence of *tradition.* Mr. Tait himself appears to be anxious to throw off extreme conservatism, but he holds on to a little *prejudice* and *bias*, as exemplified in his rather caustic remarks in referring to the work of Sir Spencer Wells. It is scarcely fair to compare results as he has done, and say in the way he does that Sir Spencer had an average mortality of 25 per cent. in his thousand cases, while he (Tait) and Keith have got down to 3 per cent., which, by the way, is a marvellous record. Sir Spencer Wells should be considered, as he practically was, the great pioneer of ovariotomy in England, and the surgeons of the present day have had the opportunity of learning from his vast experience, and should be placed in the position of commencing where he stopped, and if they have made improvements it is simply what we might expect under the circumstances.

In justice to Mr. Tait, however, we must say he hits straight from the shoulders, attacking the methods of Sir Spencer's operations, and not his private character. There is a manliness about his pugnacity, which we cannot but admire, and which has not always been exhibited by his opponents.

EARLY HISTORY OF ABDOMINAL SURGERY.

In referring to the early history of abdominal surgery, Mr. Tait mentions the fact that Robert Houston, early in the 18th century, in a Scotch village, unwittingly performed a successful ovariotomy, which he commenced with the simple intention of tapping. Some of our friends in the United States do not like this statement,

because they think it detracts somewhat from Kentucky's great McDowell, to whom, however, Mr. Tait gives due credit for bringing this "young seedling to full growth."

Mr. Tait also gave due credit to Charles Clay and Baker Brown for their share in this great work, which we think is well deserved; but here again he institutes a comparison with the work of Wells, which is in some respects unjust.

RECENT OVARIOTOMY.

Among the most important points in connection with the operation is the treatment of the pedicle, and it is now an accepted fact that the intra-peritoneal is the proper method. We agree with Mr. Tait, that Keith deserves the highest credit for relinquishing the clamp as it had been used by Wells. A curious fact is here noted, *i.e.*, that hysterectomy, with the clamp, is more successful in the hands of Bantock, than ovariotomy was with Wells while using the clamp. The probable explanation given is, that it was not so much the clamp that was responsible for the high mortality as the method of using it, and that the application of the perchloride of iron to the stump, was the great source of danger, as it was impossible to prevent its passage into the peritoneal cavity, where it in many cases set up peritonitis.

The question of Listerism in connection with abdominal surgery will probably be decided according to the individual views of different operators, but Keith and Tait have clearly proved that it is not essential to success—in fact, the poisoning from carbolic acid is occasionally a source of serious danger. Notwithstanding the experience of these two wonderfully successful operators, we still believe that Listerism, properly carried out, is the safest system for most of surgeons who have not the unusual facilities and advantages connected with private or special hospitals.

Of Mr. Tait's methods we have but little to say. We consider them as almost beyond criticism, and about as near perfection as possible. Wherein he differs from Mr. Keith, though the differences may be but slight, we think he is generally right. Especially in the treatment of the pedicle, we think Tait's use of the ligature is an improvement on Keith's plan with the cautery.

UTERINE MYOMATA.

In speaking of this form of uterine tumours, Mr. Tait draws a distinction between the old and new schools: the aim of the former being, as he says, simply to save life, while the latter endeavour, in addition, to relieve suffering. Two alternatives are given in the treatment, viz., the removal of the uterine appendages, which is commonly known under the name of Tait's operation; and supra-vaginal hysterectomy. Why removal through the vagina, after the various methods employed, should be ignored, we do not know; but the discussion of the two operations named is very interesting, if not entirely satisfactory. Tait's operation is the safer of the two, but, unfortunately, uncertain in its results. It is admitted that the removal of the appendages exercises no control over the soft œdematous myoma, which is said to be difficult to recognize before removal. Many surgeons will be inclined to hesitate before recommending such a serious operation with a prospect of its resulting in no benefit to the patient. But here Mr. Knowsley Thornton comes to the rescue, and suggests that in these cases the appendages should first be removed, and if no benefit ensue, that hysterectomy be performed. Such a proposal, coming as it does from the most ardent disciple of Sir Spencer, the *blue Tory surgeon*, who "delayed the progress of abdominal surgery for fully a quarter of a century," should encourage Mr. Tait to hope that a brighter era is dawning on his country, and that the extreme conservatism over which he mourns may possibly give place to a radicalism which will quite satisfy his most lofty aspirations. Hysterectomy has generally been considered a very formidable operation; but the results of Thornton and Bantock have been so brilliant that much may be expected from it. Whatever we may think of any or all these operations, it is well to remember that our choice must of necessity depend largely on the surrounding circumstances; and as we cannot know exactly these conditions before making the exploratory incision, the surgeon should always be prepared, as far as he can be, to do that which is best in each particular case.

In reply to Dr. Gardner, Mr. Tait considered the removal of the appendages safer than

enucleation, and said he had published cases where fresh tumours had grown after enucleation, and the former operation had been found necessary ultimately. We have still an idea that enucleation is very suitable for certain cases, and feel inclined to suggest for the latter, as an improvement on Mr. Thornton's proposal, first, enucleation; second, if this fail, Tait's operation; third, if necessary, supra-vaginal hysterectomy. This would give our patients a fair number of chances, but some might prefer to keep their myomata.

DISEASES OF THE APPENDAGES.

Mr. Tait has in recent years thrown much light on a very obscure subject. The number of patients suffering from severe and constant pelvic pains, resulting from former inflammations, is large. Medicines or local treatments afford no relief. In such cases Mr. Tait has found diseases of ovaries and tubes, the latter being occluded and distended by serum, pus, or blood. He has operated in many such cases, and afforded marked relief. It is a matter for regret that a positive diagnosis cannot always be made, although, as a general rule, certain symptoms and physical signs are present, which leave little doubt of the existence of incurable diseases of tubes or ovaries, or both. There is every reason to hope that with increased experience Mr. Tait may be able to diagnosticate such conditions with almost absolute certainty. The removal of these diseased appendages is attended, in some cases, with very serious difficulties, even in Mr. Tait's hands, but the results in the great majority have been exceedingly satisfactory.

OPERATIONS IN THE ABSENCE OF OBJECTIVE SIGNS.

Mr. Tait approaches the question of Batty's operation with considerable reserve. There is probably no doubt that all women afflicted with nervous disorders are worse during the menstrual periods, and occasionally the bad symptoms occur only at these times; but, at the same time, the remedy proposed by Batty, of bringing about the menopanse by the removal of the ovaries, has not been generally received by the profession with any marked signs of approbation. In certain forms of unmistakable epilepsy, or insanity, the procedure may occasionally be justifiable, but thus far there is exceedingly little evidence in favour of it. The simple fact that improvement is said to have taken place in some cases amounts to but little, unless indubitable proofs be afforded of positive cures in patients afflicted with serious, and otherwise incurable, nervous affections. Dr. Hingston, in the discussion, took strong grounds on this question, and thought that unnecessary operations of this kind were a crime against society, and interfered with the interests of the State. Mr. Tait himself considered it a doubtful kind of procedure, and refused to express a strong opinion in its favour, but trusted that the freedom from the prejudices and shackles of tradition which existed on this side of the Atlantic would secure for it a fair field. In the early part of his address he refers rather sadly to his own weakness, caused by these same unfortunate "shackles" which had so much affected his fellow-countrymen. We had never heard of Mr. Tait being accused of possessing any alarming amount of extreme conservatism: in fact, he and many others appear to be shaking off the shackles with fair success. Mr. Tait and his fellow-labourers are doing grand work in their special department—probably the most wonderful the world has ever seen—and we doubt much if a little sound conservatism will injuriously affect their brilliant exploits in abdominal surgery.

ONTARIO MEDICAL COUNCIL.

It is a matter of the greatest importance that worthy men should be selected to represent the Profession in the Ontario Medical Council. The coming election will be held in May next, and the names of the candidates should soon be known. The plan adopted in some districts of nominating candidates at the regular meetings of county societies is a good one. Physicians who attend societies are generally the most progressive, and the best able to make a suitable choice. It occasionally happens, however, that one county or pair of counties is opposed to another, and sectional jealousies may thus interfere with a judicious selection. We hope that in all cases the matter will be most carefully considered, and that none but *good and true* men will be elected.

THE INTERNATIONAL MEDICAL CONGRESS.

The next meeting of the International Medical Congress will be held in Washington in the year 1887. We find that many have the impression that it was to be held next year (1885). These meetings take place every three years as a rule. In 1881 the meeting was held in London, Eng.; this year in Copenhagen.

This will give our friends time to pursue their scientific or practical investigations in procuring material for their papers.

DEATH OF PROF. J. COHNHEIM.

Scientific medicine has met with a loss in the death of this eminent histologist and pathologist, which occurred at Leipzig on the 14th ult., from renal disease. He was in his forty-sixth year, and held at the time of his death the Chair of General Pathology and Pathological Anatomy in the University of Leipzig. He was one of the most distinguished of Virchow's pupils, an earnest worker, a polished writer, and an honoured and successful teacher; his observations on inflammation are well known. To him belongs the honour of having discovered and correctly interpreted the escape of the white corpuscles from the walls of the blood-vessels in inflammation.

MAL-PRACTICE SUIT.

ROBERTSON *vs.* BONNAR.

We have received a detailed account of this trial from Dr. White, of Toronto, which, we regret to say, is too late for this issue. The plaintiff brought an action for $2,000 damages against Dr. H. A. Bonnar, in a case of fracture of the femur at the junction of lower and middle thirds. The ordinary treatment had been pursued, of applying extension with weight and pulley, coaptation splints being applied three weeks after the receipt of injury. After six weeks, patient was allowed to leave his bed. Some time after this the condition found was swelling of leg and thigh, stiffness of ankle and knee, slight malposition of broken ends, and one inch shortening.

Drs. White and Fulton, of Toronto, and many local men were called as witnesses, and the weight of evidence favoured the treatment pursued. The jury, after being out a long time, disagreed, and no verdict was returned.

THE PROPHYLACTIC POWER OF ARSENIC IN MALARIA.

A number of experiments in this direction have been made on workmen on the Roman and South Italian Railways. The drug was administered to those who were largely exposed to the infection of malaria.

Dr. Ricchi, the chief of staff, is convinced that "if arsenic is not always preservative against the malarious infection, it renders the human organism less and less susceptible to the ferment of malaria."

ERIE AND NIAGARA DIVISION IN MEDICAL COUNCIL.

At a meeting of the Brant County Medical Association, held in Brantford, September 2nd, Dr. D. L. Philip, of Brantford, was nominated as a candidate for election in the Erie and Niagara Division.

At a meeting of the County of Haldimand Medical Association, held in Caledonia, September 19th, Dr. Harrison, of Selkirk, was chosen as candidate for the same division. Both having accepted their nominations, there will be a contest between Drs. Philip and Harrison. Each is popular in his own district, and would probably make a good representative.

It is a matter of regret that local feelings will largely influence the voting.

LISTERISM IN ABDOMINAL SURGERY.

Since our comments on Mr. Lawson Tait's address went to the printer we have seen, in the *American Journal of Obstetrics* for September, a letter from Mr. Knowsley Thornton, in reply to some statements of Mr. Tait's about the comparative results of Dr. Bantock and himself in hysterectomy and ovariotomy at the Samaritan. It was contended that Bantock's results were better than Thornton's, especially in hysterectomy, since the former gave up

Listerism. Mr. Tait said, in Montreal, that Mr. Thornton had 5 deaths in 12 cases of hysterectomy, with Listerian details carried out as far as they could be, while Dr. Bantock had only 2 deaths in 22 cases, without Listerism.

Mr. Thornton says these figures are misleading, and in some respects incorrect, the mistake having arisen from incomplete reports at Societies. He goes on to show how errors have crept in, and at the same time gives us an idea of Bantock's correct statistics as well as his own. His report is not particularly clear, but as far as we can make out, the results in hysterectomy are:—

Thornton, 41 cases with 12 deaths.

Bantock, 37 cases with 11 deaths.

The results of ovariotomy were, before they adopted Listerism:

Thornton, 33 cases with 5 deaths, mortality 15 per cent.

Bantock, 36 cases with 8 deaths, mortality 22 per cent.

After they adopted Listerism,

Thornton, 129 cases with 15 deaths, mortality 11 per cent.

Bantock, 113 cases with 16 deaths, mortality 14 per cent.

After this Bantock abondoned Listerism and the results are,

Thornton, 174 cases with 10 deaths, mortality 5.7 per cent.

Bantock, 92 cases with 16 deaths, mortality 17 per cent.

According to these figures, Mr. Thornton has had 303 antiseptic cases with 25 deaths, or a mortality of about 8 per cent., and he challenges Mr. Tait to publish a complete series of his non-antiseptic cases of ovariotomy *for tumour* to compare with his (Thornton's) series.

TORONTO MEDICAL SOCIETY.

The opening meeting of the Toronto Medical Society took place in the Canadian Institute, Thursday evening, Sept. 25th. There was a very full attendance of members, many of whom, no doubt, came to meet Prof. Osler, who favoured the Society by his presence.

As it was the evening for the presentation of pathological specimens, several were exhibited, one or two of whom were very unique. A more lengthened description of these will be given in a future number.

At the conclusion of the regular meeting, the members of the Society were invited by the President, Dr. Reeve, to an elaborate supper in the reading-room of the Institute. After justice had been done to the very excellent bill of fare, the President, in a neat and appropriate speech, proposed the health of the guest of the evening, Dr. Osler. The Doctor replied in his usual happy manner. He referred to the pleasant memories he had of the earlier part of his career as a student of the Toronto School of Medicine, and to the many ties which bound him to Toronto.

Several toasts followed, and short addresses were given by many gentlemen present. Among others might be mentioned Drs. Workman, Coventon, Cassidy, Oldright, Temple, O'Reilly, Graham, Burns, and Cameron. A general regret was expressed that Dr. Osler was leaving Canada, while at the same time the honour conferred upon his native country by his selection to such an important and honourable position in Philadelphia was fully appreciated.

Meetings of Medical Societies.

MEETING OF THE CANADA MEDICAL ASSOCIATION.

The meeting for 1884 was held in Montreal, commencing at 10 a.m. Monday, August 25th the retiring President, Dr. Mullin, in the chair. He at once called on Dr. Sullivan to preside over the proceedings. Mr. Lawson Tait, of Birmingham; Drs. Brodie and McGraw, of Detroit; the Past President of the Association, and Dr. Worthington, President of the Ontario Medical Association, were asked to take seats on the platform. Dr. Hingston, Chairman of the Reception Committee, extended a cordial welcome on behalf of the profession of Montreal.

Dr. Fulton then read the report on Necrology, and the Secretary, in the absence of Dr. Canniff, read the report on Climatology.

The following Nominating Committee was then appointed:—Drs. Roddick, Kennedy and

Rodger, Montreal; Adam Wright and Sheard, Toronto; Campbell, Seaforth; Tye, Chatham; Earl, St. John; Sullivan, Kingston; Mullin, Hamilton; Wishart, London; Harrison, Selkirk; and Dr. Bray, of Chatham, the mover.

The Chairman appointed the following gentlemen officers for the sections:—Medical section—Chairman, Dr. Thorburn; Secretary, Dr. Burt. Surgical section—Chairman, Dr. Roddick; Secretary, Dr. Tye.

The meeting then adjourned till two o'clock.

At the afternoon session Dr. Sullivan read the President's Annual Address, which was a very able one, and was exceedingly well received. He referred to the formation of the Association eighteen years ago, and the good it had accomplished. He said that two principal objects reminded us in each revolving year to attend these meetings: 1st, Social friendly intercourse; 2nd, Scientific progress. He then quoted Canadian statistics showing the large mortality from preventible diseases, and the resulting loss to the State from a simple money point of view. This Association should sound the note of alarm.

He then referred to the status of the profession in Canada. While the medical schools were doing good work, it was the duty of the State to see that graduates were well qualified for their work. Ontario had set a good example in appointing a Central Examining Board for all classes of practitioners in the Province, and the examinations were continuously becoming more thorough and practical in their character. Why not make such a law for the whole Dominion? Canada had settled the question of female medical education, as two fully-equipped colleges were recently founded for women only.

The collective investigation of diseases had been attended with the best results in the British Medical Association, was warmly endorsed by the American Association, and its adoption by our own Society should be considered. It was a matter for regret that our "transactions" were not published.

The speaker then spoke of the advisability of having unbiassed expert testimony in medico-legal cases; the great advances made in recent years in sanitary laws; the wonderful progress in general medicine and surgery; and closed his eloquent address by extending a very cordial welcome to the members of the British Association for the Advancement of Science.

MEDICAL SECTION.

Dr. Thorburn in the chair.

Dr. Campbell, of Seaforth, read a paper on *Puerperal Septicæmia*, in which he reported five cases. In all instances he found more or less laceration of the cervix, and considered it the cause of the blood-poisoning.

Dr. Sheard mentioned cases where at the autopsy no lacerations of the uterine tract could be found.

Dr. Adam Wright thought that cervical lacerations were very common, and generally healed kindly. When septicæmia occurs there is generally some special cause for it.

Dr. Lapthorn Smith always used prophylactic vaginal injections and other antiseptic precautions.

Dr. Harrison thought lacerations of cervix were not necessary for the absorption of septic matter, as the raw surface of the interior of womb was likely to absorb it.

Dr. Patterson thought puerperal fever was caused either by self-infection, or by causes operating from without. Had seen examples of both in his own practice. The poison might be absorbed by the lying-in woman by the lungs, or in some unexplained way, without introducing any poison into wounds.

Dr. Brodie thought the cause was often in existence before the birth of the child, and was frequently erysipelatous.

The Chairman, Dr. Thorburn, had found a close connection between erysipelas and puerperal fever.

Dr. Campbell, in reply, thought his cases were autogenetic in character, the discharges being absorbed by the lacerated surfaces.

Dr. Mullin agreed with Dr. Harrison in saying that too much importance was attached to lacerations of cervix, as the poison might enter by other avenues. The retention of membranes, or portions of them, or clots, caused decomposition very frequently, and thus probably caused puerperal septicæmia. One of the greatest safeguards was securing proper contraction of uterus, and consequent expulsion of clots. He

did not attach very much importance to erysipelas as a cause.

Dr. Mackay thought in some cases simple debility prevented involution of the uterus, and as a consequence the disintegrated tissues were carried into the circulation, thus causing septicæmia.

Dr. Dupuis read a paper on nostrums and medical advertising, in which he deplored the results from loss of money and injury done to patients.

Dr. Lett read a paper on *the Opium Habit*, in which he deprecated the treatment of this condition by the sudden withdrawal of the drug, and advised that its administration be kept up in diminishing doses. (See page 301.)

Dr. R. P. Howard read his paper on Dyspnœa in certain forms of Bright's disease. The following points were brought out: 1, That dyspnœa may occur in Bright's disease, and be its first and only symptom. 2, That it may be constantly present or paroxysmal. 3, That Cheyne-Stokes' respiration occurs in all forms of Bright's disease. 4, That Cheyne-Stokes' respiration may be chronic, and is usually an evidence of danger. 5, That dyspnœa may be the result of œdema glottidis in certain cases.

Dr. Osler mentioned a case showing that dyspnœa in Bright's disease sometimes follows acute serous effusion into cavities. He has seen it ocur in a healthy child without being able to discover any cause for it whatever.

Dr. Ross also mentioned two cases of Bright's disease occurring in his practice where Cheyne-Stokes' respiration formed a very prominent symptom.

Dr. Harrison read a paper upon *Cerebro-spinal Meningitis*, in which he described a number of cases of fever, the symptoms being very much those seen in typical cerebro-spinal meningitis. He was sure they were not of the nature of typhoid; the symptoms and the duration were quite different from this. All the medical men in his neighbourhood were convinced it was not of a common kind. It attacked well-to-do people and was very fatal. He treated his cases with potas, bromid and iodid.

Dr. R. P. Howard said the disease was rare in this country. It was apt to occur in isolated places, and he wondered why it should be so.

Dr. Bray had seen one very fatal epidemic in the neighbourhood of Chatham, where the poor coloured people especially suffered.

Dr. Geo. Ross expressed some doubts as to the diagnosis, and thought the cases might be tubercular.

Dr. Osler thought caution in diagnosis was required. Out of four cases submitted to him for *post-mortem* examination (supposed to be cerebro-spinal fever), two proved to be typhoid fever, one was variola, and the fourth alone showed meningeal inflammation.

Dr. Mullin referred to an epidemic in Hamilton, where the cases observed all occurred within a few months. Since that time occasional cases are said to have occurred, but these were probably typhoid.

EVENING SESSION.

Dr. R. L. MacDonnell exhibited two cases of *lateral sclerosis* of the spinal cord. In the first case the symptoms had not lasted more than about nine months; in fact, up to the commencement of the summer the patient had been able to earn his living by cab-driving. On admission to the General Hospital of Montreal in July last, he had spastic gait; exaggerated knee-jerk; clonus at the ankle and knee. There was no interference in the functions of either bladder or rectum. No muscular atrophy. Slight thoracic girdle pains had been present before admission. The upper extremities were entirely unaffected. After three weeks' residence in the hospital the clonus disappeared and was replaced by extreme rigidity of the lower limbs, most distinctly "clasp-knife" in character. Clonus occurs frequently involuntarily, especially on effort. At times a tap over the ligamentum patellæ produces a continued tremor of the whole limb. There was an obscure history of syphilis.

Dr. Osler regarded the symptoms as due to a focal lesion of syphilitic origin in the cord, and thought that the case was not primary, inasmuch as the girdle pains pointed to implication of the posterior columns.

The second case showed implication of the lateral columns alone. The patient, aged 12, had had spastic gait for two years. There were present knee-jerk and ankle clonus most markedly. The upper extremities were unaffected.

The patient had been under observation for about 18 months, and it was thought that there had been improvement.

SURGICAL SECTION—AFTERNOON SESSION.

Dr. Roddick in the chair.

Dr. Blackadder read a paper on a *Case of Congenital Lipoma of the Foot.* The enlargement existing at birth was at once noticed. Pressure by Martin's bandage had been of no service. The tumor was removed by Dr. Roddick when the child was 14 months old. He thought Dr. Busey, of Washington, was correct in referring the condition to congenital disease in the lymphatic system.

Drs. Osler and McGraw referred to cases they had seen.

Dr. Fulton, of Toronto, read a paper on *Thoracaco-plastic Operation of Estlander*, in which he gave a history of a case in which he had performed this operation. The patient, aged 28, had an empyema of some months' standing, which had been regularly washed out for some time. Lungs mostly normal. He made an incision 5 inches long, parallel with the ribs, the periosteum was raised, 3 inches of seventh rib, and two of the sixth, were removed. Hæmorrhage very slight and easily controlled. The cavity was washed and a large drainage-tube was inserted. Cavity washed out daily with solution of carbolic acid and iodine. The cavity is closing up rapidly, and general health improving. It is likely that the drainage can soon be discarded.

The place of incision must depend on circumstances, the side of chest, however, being the best. Portions of 2, 3, or 4 ribs may be removed, but 1st, 2nd, 11th, and 12th must not be touched.

Drs. Hingston, Holmes, Kerr and Roddick discussed the subject. Dr. Roddick said his rule now in the Montreal Hospital was to excise about an inch, or perhaps more of the rib, and drain with a large metal tube, using antiseptic precautions throughout.

Dr. Shirriff then gave a history of a case of hæmorrhoids crushed after Pollock's plan.

EVENING SESSION.

Dr. Fenwick read a paper on *Abscess of Abdominal Parietes extending from Meckel's Diverticulum.*

Dr. R. P. Howard reported a case of acute inflammation in the umbilical region with discharge of pus. There was deep-seated induration—advised rest and application of poultice. In a few days a semi solid concretion about the size of a bean escaped. Five altogether were passed, and the patient recovered. He thought it was connected with the bowel through the umbilical vesicle which had remained pabulous.

Dr. King, of Hull, Eng., spoke of a kind of abscess which first appeared as a hard swelling, deeply seated. Such probably began in the muscles, and sometimes sank towards inguenal region, where they looked like carbuncular swellings, and on being opened healed quickly.

Mr. Lawson Tait thought that in a case of this kind we should act according to the ordinary principles of surgery. In other parts of the body if we found an abscess we would cut down, and find cause for it. We should get rid of the traditional fear of interfering with the peritoneum, as we were as much justified in opening the abdomen to relieve suffering as in opening a periosteal abscess, or in giving opium to relieve pain.

Dr. Shepherd read a paper on Ligature of the Anterior Tibial Artery in a case of compound fracture of the leg.

The case was that of a quarryman, aged 50, who had received an injury from a falling stone. He was brought to the Montreal General Hospital, and there Dr. Shepherd found that he had sustained a compound fracture of the upper third of the right leg. The leg was put up in plaster, an opening being left opposite the wound in the soft parts. Everything went on well for five or six days, when the man complained of pain and a throbbing sensation at the site of injury; on removing the dressings a pulsating swelling was seen on the front of the leg, the posterior tibial being felt behind the inner malleolus. It was surmised that the anterior tibial had been lacerated. The pulsating swelling increasing next day, Dr. Shepherd cut down on the bleeding vessel, turned out the clots of the false aneurism, and with considerable difficulty ligatured the anterior tibial above and below the bleeding point,

which was found to be just in front of the point where this vessel perforated the interosseous membrane. The vessel was reached by enlarging the wound, and separating the tibialis anticus muscle from the bone. The bones were then wired together and the leg dressed with dry iodoform dressings. The man did well, and good union resulted. The patient was exhibited to the Association.

Dr. Gardiner read a paper on *Burns and their Results*. He gave the results of his experience in treating a large number of burns. After describing the different varieties, he referred to the great importance of the nervous element. In treatment we should adopt both constitutional and local, and be careful to look after those in certain localities, as, for instance, in the larynx, where tracheotomy is often necessary.

Dr. Stewart then read a paper on *Actions and Uses of Naphthalin*, which we will publish in next issue.

Dr. Proudfoot had found the action of naphthalin more efficacious than iodoform in the treatment of ulcers. He also used it to restrain odour in gonorrhœa.

Dr. Shepherd had found in granulating wounds that iodoform acted, as it caused the granulations to become flabby. He frequently used balsam of Peru, or, more recently, naphthalin, in such cases; the balsam was, however, the best stimulant.

Dr. Roddick had used naphthalin in chronic ulcers with satisfaction. He combined it with boracic acid to facilitate dusting. When there is much discharge he used naphthalized jute as a dressing. Ordinary jute sprinkled with naphthalin answered very well.

Dr. Reeve then read a paper entitled *Remarks upon Fifty cases of Trephining of the Mastoid*. General remarks: acute suppurative inflammation of the tympanum of the greater import, because the mastoid antrum, and often the other air-cells, form, pathologically, an essential part of the middle ear (tympanum); the necessity for the operation would be much diminished were timely treatment of acute inflammation of the middle ear more generally followed: rest, local depletion, irrigation, anodynes, vapor bath, incision of bulging drum-head, or down to bone on the process, and in meatus to relieve secondary periostitis, etc., etc., would very often arrest the disease; the persistence of pain in an otitis media, or its recurrence, after discharge has appeared is often significant of Mastoid implication: chronic suppurative otitis should never be neglected: the three principal pathological conditions for which the operation is indicated—unrelieved suppurative periostitis of antrum, etc., ostitis with caries, and ostitis with hyperostosis (condensing ostitis, Buck), with their symptoms; the method of operating—some form of drill used not the trephine; protracted delay of it not advisable; statistics of the series incomplete, but eight deaths known—only one, however, fairly traceable to the operation (middle fossa penetrated), and several apparently due to general or concurrent disease; lateral sinus opened in one case, but patient recovered; the operation, a valuable and comparatively safe one.

TUESDAY MORNING—GENERAL MEETING.

Dr. Mullin read the report of the Committee on Ethics. After some remarks from Dr. Dupuis, and a reply from Dr. Mullin, it was resolved that the report be sent to the Publication Committee to be published.

Mr. Lawson Tait then delivered his Address on *Abdominal Surgery*, which we published in full, with discussion following, in our September number.

MEDICAL SECTION—AFTERNOON SESSION.

Dr. George Ross presented two specimens of Aneurism of the Aorta. In the one case the physical signs of tracheal plugging had been present: in the other they were not.

Dr. Worthington read a *Report of two Cases of Polyuria*, one of which was complicated with exophthalmic goitre. The greatest quantity of urine passed in twenty-four hours in this case was six and a half pints. Specific gravity 1.010, acid reaction. The enlargement of the thyroid gland was not what is usual in this disease, but the exophthalmos was well marked, as much difficulty was experienced in closing the eyelids. He was obliged to rise six or eight times in the night to urinate. No assignable cause could be found, though the history

of the case was traceable ten years back. In this case there appeared to be a strong tendency to the formation of uric acid, and consequent waste—his weight being usually 180, but decreased to 143. It seemed to him that a pathological connection may yet be found between exophthalmos and polyuria—the origin of both being apparently influenced through the vaso-motor system, and amenable to the same treatment. In the second case the attack was sudden, and she was passing 20 pints when he first saw her and increased to 25¾ pints in twenty-four hours, and gradually diminished to 15 pints, at which time she went to England and was considerably benefited. He saw her after her return and she was then passing 10 pints in twenty-four hours, had a good appetite and was enjoying life fairly well. Her thirst was very great, and continues in a less degree. In this case there was retroversion and retroflexion of the uterus. She had one child over eight years ago, but has not been pregnant since. The specific gravity of the urine was 1.002, and increased to 1.005. Her skin was continuously dry and harsh—menstruation had ceased for some months. Ergot did no good in this case. The benefit derived was from gallic acid, in xv. gr. doses, thrice daily. She is not taking any medicine at present, and drinks tea and coffee, and says that she is determined to enjoy life while she can.

Dr. George Harley, London, Eng., objected to the term diabetes insipidus, and preferred the term polyuria. Lay people feared the word diabetes, and could not draw a distinction between the two varieties; the moral effect on patients, therefore, was of a very depressing character. What is the cause of polyuria? It may sometimes be connected with congestion of the kidneys, but it often exists in a state of chronic atrophy. How rapidly is the urine secreted? In making experiments with dogs, he empties the bladder with a catheter, then, in five minutes, catheterizes again. He also exposes the uretus, and watches the drops as they flow: sometimes one minim per second, in man; sometimes two drachms per minute. This must have been the case in one of Dr. Worthington's patients, where twenty-five pints were passed in twenty-four hours. What is the exciting cause? Very often this cannot be traced. You can easily make saliva flow. How easily urine flows under the influence of diuretic remedies. The kidneys are not altered, but you create a secretion, which is mechanical. In saccharine diabetes the sugar is the essence of the disease, and the quantity of water is only for the purpose of eliminating the sugar. It is something in the system which nature takes means to get rid of. Both these diseases are hereditary. He had seen a family presenting a remarkable instance of this fact. The grandfather, son, grandson, and his two boys were all diabetics; one little girl had escaped. Treatment of polyuria is very unsatisfactory; nothing is known to cure. The only satisfactory management is the care of the patient's general hygiene. Nothing less than 100 oz. per diem is to be called polyuria. He noticed specially the very low specific gravity in one of the reported cases, 1.001, which was actually lower than that of river water.

Dr. Sloan spoke of a case of polyuria where the amount of urine was very large, and the specific gravity 1.003. Iron was of no use. Bromide of potash and ergot appeared to do good.

Dr. Sheard spoke of certain cases of diabetes mellitus, in which he had opportunities of examining the brain centres. Microscopical changes had been found. He thought as microscopical investigations continued, the pathology of both these diseases would be better understood.

Dr. George Ross had found in polyuria the existence of a changed structure in the great semilunar ganglia of the sympathetic. He had found a case of polyuria in a woman who had secondary cancer of the liver. He thought the co-existence of exophthalmic goitre of great interest, as showing in the same individual disorder of another portion of the great sympathetic system.

Dr. Brome read a paper on *Impaction of the Pregnant Uterus in the Pelvis as a Cause of Abortion*, giving a report of cases which had occurred in his practice. Drs. Protheroe Smith, McMillan, and Trenholme, took part in the discussion.

Dr. Mills gave a description of the methods

used in Germany for testing the presence of sugar in the urine.

Dr. Gardner read a paper on *Common Errors in Gynæcological Practice*, in which he referred to the following mistakes:—1. Overlooking slight forms of pelvic peritonitis; 2. Mistaking an inflammatory exudation or fibroid for retroflexion or retroversion of uterus; 3. Overlooking shortening of ligaments, especially the posterior; 4. The injudicious use of pessaries in displacements of uterus—they were useful in certain cases, but care must be exercised; 5. Expecting too much from local treatment or operative interference, while constitutional treatment was neglected.

Dr. Heywood Smith, of London, Eng., said that in ennumerating the morbid conditions that might be mistaken for slight attacks of pelvic cellulitis, or even might result in it, we must not omit to mention pelvic hæmatoceles; this condition, he considered, existed more frequently than one ordinarily supposed, and was not unfrequently the result of an early abortion, or even of the rupture of a small extra-uterine fœtation. With regard to the risk of operative interference, by tents or otherwise, as, *e.g.*, the replacement of a retroflexed uterus, we must bear in mind the chain of events that followed a strain or similar accident. First, the uterus got misplaced, then there arose passive congestion and consequent chronic inflammation, resulting often in induration. Now, in treating such cases, we must begin in the reverse order—first of all, subdue the inflammation by absolute rest, leeches or puncturing of the cervix, followed by tampons of wool saturated with glycerine and hot (112°-120° F.) water injections, night and morning for a week, and only after the uterus has been rendered fit to suffer the passage of the sound without pain should we proceed to its replacement and the introduction of a suitable pessary. Of course these remarks did not apply to those cases where no inflammation exists, and where we might proceed to replacement, and where the introduction of a pessary would often result in a cure with no further means. We must always remember that many of these cases of retroflexion are very tedious, requiring 12, 18, or 24 months to effect a cure. With regard to what had been said about the tension of the utero-sacral ligaments, there was no doubt sufficient attention had not been given to this condition. In a case where there was retroflexion of the uterus, when the uterus was replaced and held so, the utero-sacral ligaments were found very tense; in this case he divided the right ligament with the result of (after a slight peritonitis) a perfect cure of the retroflexion. As to the differential diagnosis of retroflexion and post-uterine tumor of all sorts, the use of the uterine sound should invariably be had recourse to as alone giving the desired information.

Dr. Trenholme thought slight attacks of pelvic inflammations were frequent, and sometimes not very important. There was not, therefore, much danger in overlooking them. He thought there was little probability of even a student mistaking an exudation for a dislocated uterus. Uncomplicated cases of dislocation of uterus, especially retroversions, were generally curable.

Dr. Gardner, in reply, believed in the efficacy of pessaries, but a great deal depended on the case. Simple, uncomplicated cases of dislocation of the uterus was, in his experience, a rare curiosity. He agreed with Dr. Smith about the frequency of mistakes with reference to hæmatoceles. He rarely used the sound in replacing the uterus, as he considered it dangerous.

Dr. Playter read a paper on *The Relation of the Medical Profession to the Public*, in which he urged that greater attention should be paid to the prevention of diseases.

Dr. McMillan, of Hull, Eng., thought a physician should be retained to give advice in general on sanitary matters and receive extra fees for extra duties. As regarded the working classes, in the cities in England they formed clubs, and by paying a small subscription each retained the services of medical men on whom they could call at any moment. The fact that a working man knew he had a physician thus at call would induce him to apply for aid at first symptoms of disease and thus prevent a great deal of misery and suffering.

Dr. Gurd presented a patient in whom a murmur could be heard at a short distance from the mouth, transmitted apparently up the trachea

from the chest, in which, in the mitral region, a systolic murmur could be heard.

SURGICAL SECTION—AFTERNOON SESSION.

Dr. Major read a paper on *Buccal Breathing.*

Dr. Elsberg, of New York, made some remarks on the subject.

Dr. Proudfoot read a paper on *Paracentesis of the Membrana Tympani.*

Dr. Sutherland presented a case of *Keloid*, with patches on chest, right gluteal region, and right shoulder.

Dr. Oldright read a paper on *Myxo-Sarcoma*, which was a sequel to his paper read at last year's meeting.

Dr. Gardner read a paper on *Some Cases of Uterine Myoma*, in which he gave a history of four cases of submucous fibroids which he had removed by Thomas' serrated scoop. He generally incised the cervix after dilating. In one case he found symptoms of septicæmia on fifth day after operating. After this he used a drain in the shape of two tubes fastened together, these ends being passed into uterus: through these he used frequent and extended irrigations.

Dr. Strange mentioned three cases in which he had operated lately in a similar manner. He did not incise the cervix but trusted to dilatation, because he feared septicæmia. He considered Dr. Gardner's plan of washing out the uterus ingenious. He thought the spoon was a very excellent and safe instrument in performing this operation.

Dr. Heywood Smith said in the cases Dr. Gardner had related, he remarked that the women had had several children. While agreeing with Dr. Gardner's method of operating, and congratulating him on his success which, in some of the cases, was due apparently to his most admirable system of irrigation of the uterus, he wished at the same time to say that, as regards operations on nulliparous women, he entirely went with the observations made by Mr. Lawson Tait in his address in the morning. For wherever a cervix that had been dilated by the passage of a child was ever afterwards dilatable with considerable ease, the cervix of a nulliparous woman was with difficulty dilated; moreover, the bilateral incision of the cervix afforded another opportunity of the ingress of septic matter. He would therefore consider that whereas in multipara submucous fibrous should, if possible, be enucleated, in nullipara the attempt is ever fraught with severest risk, and abdominal section, with the view of removal of the ovares, is by far the less risky operation. As to the use of the serrated scoop he would urge upon the members that wherever it was possible to manipulate in the uterus, it is much safer to use the fingers than any cutting instrument, and thereby lessen the risk of perforation of the uterine wall.

Dr. Buller read a paper on *Jeguirity in Granular Ophthalmia*, which was followed by a discussion in which Drs. Reeve and Patterson took part.

Dr. Shepherd reported a case of *Consolidated Popliteal Aneurism* which was thought to be a sarcoma, and amputation of the thigh was performed.

This case was one of great obscurity, in a man who some ten years ago was treated for popliteal aneurism by digital compression. The aneurism was apparently cured, and the man remained well up to a year and a half ago, when a small tumor formed at the side of the old aneurism. This increased gradually till it reached the size of a child's head. He came into the hospital for treatment in January of the present year. The tumour was situated in the back of the thigh, and extended upwards from the popliteal space to the middle of the ham. The tumour was immovable, smooth to the feel, and inelastic. It gave on palpitation no sense of fluctuation, and there was no pulsation in it, nor was there any thrill felt or bruit heard. After entering hospital the tumour gradually increased in size, and caused considerable pain. Large veins were seen running over the tumour. The leg was useless, and on the supposition that the tumour was a growth connected with the periosteum, the thigh was amputated. The man did well, the wound healing by first intention under dry dressings and iodoform. On examining the tumour it was found to be composed of fibrin, not in layers, but solidified *en masse*. The femoral artery was obliterated above the tumour, and the circulation was carried on by anastamotic branches to the pop-

liteal, as the flow of blood into the tumour was from below up, which accounted for the absence of bruit and pulsation. There was no cavity in the aneurismal tumour, and Dr. Shepherd remarked that it was difficult to understand how the tumour grew, and in what way the new fibrin was deposited. Even had a correct diagnosis been arrived at, amputation was the only suitable method of treatment. A preparation of the tumour was shown to the Association.

Dr. Elsberg exhibited a forceps for removing foreign bodies from the throat. It can be bent to any angle, while the jaws are short and move in a small compass.

WEDNESDAY, AUGUST 27TH—GENERAL MEETING.

Dr. Roddick read the report of the Nominating Committee, which made the following recommendations :—

Place of meeting for 1885—Winnipeg.

President—Dr. Osler, of Montreal.

General Secretary—Dr. Stewart, of Montreal.

Treasurer—Dr. C. Sheard, of Toronto.

ONTARIO.

Vice-President—Dr. Bray, of Chatham.

Local Secretary—Dr. Burt, of Paris.

QUEBEC.

Vice-President—Dr. G. Ross, of Montreal.

Local Secretary—Dr. Bell, of Montreal.

NEW BRUNSWICK.

Vice-President—Dr. Allison, of St. John.

Local Secretary—Dr. Walker, of St. John.

NOVA SCOTIA.

Vice-President—Dr. Fraser, of Windsor.

Local Secretary—Dr. Almon, jr., of Halifax.

MANITOBA.

Vice-President—Dr. Whiteford, Winnipeg.

Local Secretary—Dr. Mewburn, Winnipeg.

COMMITTEES.

Publication—Drs. Kennedy, Fulton and Aikins.

Medicine—Drs. Cameron, F. W. Campbell and Saunders.

Surgery—Drs. Kerr, Kains and Waugh.

Obstetrics—Drs. Holmes, Mackay and Campbell, of Seaforth.

Therapeutics—Drs. Oliver, Sloan and Tye.

Necrology—Drs. Fulton, Graham and Cameron.

Ethics—Drs. Harrison, Murphy and Rodger.

Education — Drs. Pyne, Sheard, Adam Wright, Botsford, Allison and Arnott.

Public Health—Drs. Youmans, Grant, Harding, Robillard, La Rocque, Botsford, Playter, Covernton, Oldright, Bryce, Parker and Kittson.

Arrangements—Drs. A. H. Ferguson, Kerr, Whiteford, Mewburn, Patterson, O'Donnell, Codd, Lynch and Jones, with power to add to their number.

The report on motion was adopted, and it was decided to leave the date of the meeting in Winnipeg to be fixed by President, Secretary and Local Committee. It is supposed it will be about the middle of August.

Drs. King and McMillan tendered the thanks of the British Association for kindness and courtesy received.

Votes of thanks to railway and steamboat companies, Montreal Synod, the Profession of Montreal, the retiring Secretary and the Acting Secretary were passed.

Dr. Osler, after thanking the Association for the honour conferred on him, read an abstract of his paper on Pneumonia as a contagious disease.

After passing a vote of thanks to Dr. Sullivan the meeting adjourned.

ONTARIO MEDICAL ASSOCIATION.

Dr. A. M. Rosebrugh, at the meeting of the Ontario Medical Association, read a paper on *Boroglyceride in the Treatment of Suppurative Inflammation of the Middle ear*, in which the point was emphasized that suppurative inflammation of the drum-cavity is a disease that pre-eminently calls for antiseptic treatment. The indication is to keep the tympanic mucous membrane constantly bathed in a solution which, while it is antiseptic, is not irritating, and while it is gently astringent it does not form coagulations with the secretions. Solutions of boroglyceride in glycerine seem to meet these indications better than any known antiseptic. Finely pulverized boracic acid has been used with

much success with Bezold and others, but other things being equal, a fluid, at least on therapeutic grounds, would seem to be better adapted to the *mucosa* than a powder, however finely it may be triturated. Boracic acid, moreover, does not supplant, but simply assists other methods of treatment, whereas the boroglyceride, at least in the hands of the author, not only destroys all fetor and quickly arrests the discharge, but it also destroys polypoid granulations without resort to caustics. Boroglyceride is prepared by heating together in an evaporating-pan, two ounces of boracic acid and three ounces of glycerine, the acid being added gradually, and the heat continued until the mass is reduced to exactly three and one-third ounces, or two-thirds of the original weight. On cooling it is an amber-coloured, vitreous mass, which is very friable and easily broken when sufficiently evaporated. It is readily soluble in glycerine, but much less so in water. It is used dissolved in glycerine—the treatment commenced with a fifty per cent. solution, and the strength gradually reduced as the discharge diminishes. The treatment is largely entrusted to the patients, they being seen but twice or three times a week, when the meatus and tympanic cavity are thoroughly freed from all secretions by means of syringing with a warm solution of boracic acid, and Valsalva inflations, or the use of an Eustachian catheter. The meatus is half filled with the boroglyceride (warmed), and the air forced through it by Valsalva inflations or the catheter. The tragus is also pushed backwards and inwards, so as to force the medicament into the middle ear. The boroglyceride is kept in position by means of a plug of absorbent cotton, or borated cotton soaked in vaseline. The patient repeats the process as well as he can, night and morning, at home. By this treatment it is claimed that the patients can be discharged cured in less than half the time required by the usual methods.

ALL PATHS LEAD TO THE GRAVE.—Such is the cynic's criticism of the allopath, the hydropath and the homœopath.—*Gaillard's.*

"SMALL FEVERS thankfully received," is a motto suggested to a young physician by Dr. Holmes.—*Medical Record.*

Hospital Notes.

TORONTO GENERAL HOSPITAL.

COMPOUND COMINUTED MULTIPLE FRACTURE OF THE LEG.

Under the care of Dr. James Thorburn.

Kindly reported by Dr. H. S. Martin, of the resident staff.

John Gillies, aged 25, unmarried, railway brakesman. Admitted to the hospital May 28th, 1884.

While shunting cars his leg was caught between the moving car and the platform, while his body was unable to move. His leg was subjected to a rolling crushing pressure.

The patient has always been very healthy. No history of hereditary disease. Five years ago he had a compound fracture of the femur of the same leg, with extensive laceration of the soft parts. He was treated at his own house by Dr. Thorburn, and made a good recovery with only a quarter of an inch of shortening.

When admitted to the hospital the tibia was found to be fractured about the junction of the lower and middle thirds, a fragment of the crest of this bone being crushed inwards, while the fibula was transversely fractured about an inch lower down. A lacerated flesh-wound, large enough to admit the point of the little finger, opened over the situation of the fracture on the inner side of the tibia, with a smaller opening three-fourths of an inch behind and below. The blood oozed freely from these openings, and the patient was considerably reduced by the hemorrhage. Irregular spasmodic muscular contractions rendered it difficult to adjust the fragments and arrest the bleeding. Considerable caution was required to prevent the angle of the lower fragment of the tibia from being forced through the superincumbent soft parts. The inner side of the foot and ankle were distended with blood.

Treatment.—After getting the hemorrhage under control by means of pressure and hot carbolized water, the openings were sealed by applying lint saturated in tr. benzoin co. The foot of the bed was elevated, and the limb placed in a fracture-box, slight extension being made by fixing the foot to the foot-board with a roller bandage. In two hours the bleeding

commenced again and could only be checked by means of a firm compress. No more bleeding occurred, but considerable infiltration followed. During the first week the sponge compress which had been applied over four folds of antiseptic gauze was removed only twice. The compress was kept damp by constantly pouring on carbolized lotion (1 in 20).

June 20th.—Swelling almost disappeared. The fracture-box was removed and mill-board moulded to the foot and leg, including the lower third of the thigh.

After this had been on for about a week it was replaced by a firm plaster-of-paris splint, applied after the method recommended by Dr. Little, of New York, for fracture of the patella, with this difference that it was made to extend over the foot. This splint allows examination of the crest of the tibia and anterior fourth of the leg, without interfering with the fastenings. The patient was now allowed to go about on crutches. Five weeks later the plaster-of-paris was removed and a light starch bandage applied, which was removed on the 4th of August. The patient now moved about on one crutch and a cane, the leg being almost strong enough to support his weight. The result is most satisfactory; there is but half an inch of shortening, a quarter of an inch resulting from the former fracture and the balance from the more recent break.

Book Notices.

Atti della Società Toscana di Scienze Naturali.

Fifth Annual Report of the State Board of Health of Illinois. By JOHN H. RANCH, M.D.

Gunshot wounds of the small intestines. By CHARLES T. PARKES, M.D., Chicago. Published by Cowdrey, Clark, & Co.

Laws of Michigan relating to the Public Health; Restriction and Prevention of Scarlet Fever and Diphtheria; and the Eleventh Annual Report of the Secretary of the Michigan State Board of Health.

The Inaugural Addresses delivered at the opening of the Law School in connection with Dalhousie University, Halifax. By the HON. A. G. ARCHIBALD, C.M.G., Q.C., LL.B., and R. C. WELDON, A.M., Ph.D.

The October number of the *Popular Science Monthly* has a list of contents sufficient to satisfy the most exacting critic. The productions most interesting to the profession are:—The Inaugural Address of the President of the British Association for the Advancement of Science; The significance of Human Anomalies; Physiological Aspect of Mesmerism; The Cholera Germ, and the Chemistry of Cooking.

The September number of "*Electra*" contains several selections worthy of mention. "Recollections of the 'Old Quarters'" is composed of interesting character sketches, giving a very correct idea of the superstition and eccentricities of the colored race. "Home Sunlight" gives some very sensible and sound advice on politeness. Historical, with miscellaneous sketches, and the usual amount of poetry, complete the number.

Messrs. Janson, McCleary, & Co., Chicago, will issue early in October a new work on the "*Principles and Practice of Medicine*," by Dr. N. S. DAVIS.

The work is an embodiment of the observations, thoughts, and experiences of the author during nearly fifty years of active medical practice. The matter is presented in the form of lectures, delivered by him during his many years of teaching.

Malaria and Malarial Diseases. By GEORGE M. STERNBERG, M.D., F.R.M.S., Major and Surgeon, U. S. Army, etc., etc. William Wood & Co., New York, publishers.

Dr. Sternberg has been recognized for some time as an authority on this subject, and the character of this book is what might be expected from him. He first explains the nature of malaria, its effect, and the conditions governing its dissemination.

In the second part he describes malarial diseases, including the different types, and closes with a very interesting chapter on Hæmorrhagic Malarial Fever. It is a very excellent work, and will be particularly interesting and instructive to those living in malarial districts.

Personal.

Dr. C. W. Belton has been appointed Resident Physician to the London General Hospital.

At the Tait Dinner, in Hamilton, one of the toasts proposed was the memory of Dr. Hodder, the first ovariotomist in Canada.

Dr. Sullivan, of Kingston, has been appointed an examiner under the Civil Service Acts of 1882 and 1883.

Miss Beatty, M.D., of Kingston, who graduated from Queen's College, has gone to labour at Indore, in connection with Presbyterian Church missions.

The death of Dr. J. Collis Browne is announced from London. He devised the well-known preparation "chlorodyne," from which he amassed great wealth.

It is rumoured that Dr. Molson, of Montreal, will shortly remove to Philadelphia. He will be much missed by his friends in Montreal, where he has been engaged in practice for a number of years.

The profession will shortly have the opportunity of reading the book which Dr. Campbell, of Seaforth, is bringing out. "The Land of Burns, and other Pen and Ink Portraits," will be issued in five or six weeks. The doctor is an enthusiastic Scotchman, and a graceful writer.

Mr. Lawson Tait reached Toronto September 6th, and was the guest of Dr. W. T. Aikins. On the evening of the 6th Mrs. Aikins gave a *reception* in honour of Mr. and Mrs. Tait, at which a large proportion of the Toronto physicians and their wives had the pleasure of meeting them.

The members of the Hamilton Medical Society entertained Mr. Tait at a dinner, Monday evening, September 8th. There were present most of the profession of Hamilton, Dr. Aikins, of Toronto, the Mayor and other leading citizens of Hamilton. The entertainment was very successful in every respect. In reply to the toast of "Our Guest," which was received with great enthusiasm, Mr. Tait gave a very happy speech, eulogizing Canada for its general prosperity, and the status of the profession in it. He expressed his gratitude for unbounded kindness towards him since he came into the country.

Miscellaneous.

"Steel, meat and wine" prepared by Sugden, Evans & Co. is meeting with great favour. The juice of fresh beef is used. The preparation is most palatable, and a capital tonic.

"Gentlemen," said the professor to his medical students in clinic, "I have often pointed out to you the remarkable tendency to consumption in those who play upon wind instruments. In this case before us we have a well marked development of lung disease, and I was not surprised to find upon questioning the patient that he was a member of a German brass band. Now, sir," continned the professor addressing the consumptive, "will you please tell the gentlemen what instrument you play on?" "I blays der drum," replied the sick man.—*Med. and Surg. Rep.*

Suicide of the Late Dr. J. J. Woodward.—It is known that the late Surgeon Woodward, U.S.A., was insane at the time of his death, and confined in a private asylum. There seems to be little doubt now that the unfortunate man met his death by his own hands. An account states that he had been under care for about four months, but at no time was violent or in any way troublesome. He generally perferred to be let alone, and evinced a delicacy in having any intrusion upon his privacy. Through of a strong and healthy physique, he imagined himself of a delicate constitution. He was as regular as clockwork in his habits, and among the best patients in the home. On Sunday morning he was passed on the stairway by one of the lady attendants, who saw him on the edge of the porch roof. A few minutes later, before anything could be done to rescue him, he threw himself off the roof backward, falling on the steps below, receiving injuries from which he died on the afternoon of the same day.—*N. Y. Record.*

It is not safe to practise without a diploma in Colorado. In a small town near Denver, Eli Madlong, practising as a physician, but without any diploma, prescribed some medicine for a patient who died, presumably from the effects of the prescription; whereupon, says the *Chicago Medical Review*, the indignant friends of the deceased hanged the venturesome practitioner by the neck until he was as dead as his unfortunate patient.

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TORONTO, NOVEMBER, 1884.

Original Communications.

THE ACTIONS AND USES OF NAPHTHALIN.

BY JAMES STEWART, M.D., L.R.C.S. & P. EDIN.,

Professor of Materia Medica and Therapeutics, McGill College, Montreal.

Read at the Montreal Meeting of the Canada Medical Association, August, 1884.

Naphthalin is one of the most recent additions to the already large group of antiseptic agents. It is one of the products of the distillation of coal. When pure it occurs in large, white, glossy crystals. It is, however, often sold in an amorphous condition, and having a greyish colour.

In this impure condition its antiseptic qualities appear to be little, if at all inferior to those possessed by the purest specimens; but as it often causes considerable irritation, it is well to employ the agent in its resublimed state. The odor of naphthalin is very penetrating, but not disagreeable.

ACTIONS.

I. *On Micro-Organisms.*—It is one of the most powerful agents that we possess in preventing the decomposition of organic fluids. Urine can be preserved for an almost indefinite length of time by the addition to it of even a small quantity. I was able to preserve eight ounces for three weeks by the addition of twenty grains.

There is no fluid more prone to undergo decomposition than the serum of milk when it is exposed to a warm atmosphere; if, however, the atmosphere is saturated with naphthalin, no miero-organisms will develop in the fluid.

If fresh pus taken from a recently-opened abscess be exposed to the air for a day or two, it teems with an innumerable number of bacteria and micrococci; but the addition of naphthalin, even in minute quantities, will prevent for weeks the formation of these micro-organisms.

An infusion of pancreas is probably more difficult to keep from undergoing decomposition than any other fluid. From an extensive series of experiments, Fischer, of Strasbourg has shown that naphthalin is even more efficacious than iodoform in effecting this.

Vegetable and animal parasites of all kinds are quickly killed by naphthalin.

II. *On Man and the Higher Animals.*—Animals compelled to breathe an atmosphere saturated with naphthalin for twenty-four hours are not visibly affected in any way.

Even when a strong ointment is well rubbed into the skin of the whole body of a dog the animal does not present any symptoms whatever.

When applied to the unbroken human skin it does not cause any irritation. When applied to a wound it seldom causes more than a sensation of slight and transient pricking. At times, however, it causes a sensation of decided smarting.

When applied to a wound in a state of putrefaction, it is surprising how soon it renders it antiseptic; even wounds of considerable depth are soon made sweet.

Its application to a wound does not prevent free discharge.

We know little or nothing about its internal actions or uses, and what, if any, changes it suffers in the organism.

It will no doubt prove a remedy of great value in cases of putrefactive gastric and intestinal catarrh.

That it is absorbed into the blood is proven by its being not uncommon to find the urine dark coloured after its free application to a wound, not unlike the colour produced by the local use of carbolic and salicylic acids. In the case of both the latter agents the change in the urine is of some significance, as being the commencement, at least when well marked, of a train of untoward effects; but in the case of naphthalin, although the urine becomes dark, it is a sign of no significance. It does not indicate any danger.

USES.

It is my intention here only to speak of its uses in the treatment of wounds and ulcers.

From a very considerable experience of its use as an antiseptic, I have been led to consider that in a certain class of cases it possesses advantages over all other antiseptic agents at present in use. These cases are septic chronic ulcers and septic burns, which show no tendency to heal.

The first case where I had the opportunity of testing its antiseptic properties was in a burn of the forearm, in a middle-aged woman, received eighteen months previously. The left forearm was the seat of two extensive and deep-seated ulcers, both in a septic condition. Naphthalin was applied to one, and iodoform to the other. Of the two ulcers, the one in the worse condition was purposely treated with the naphthalin. In the course of a week both sores showed signs of improvement, which soon became rapid; and in the case of the one treated by naphthalin complete, while the iodoform-treated one failed to make any advance after a time. When the dressing was changed to naphthalin the cicaterization rapidly advanced.

It is unnecessary to describe very similar results obtained in a number of other cases of slowly-healing ulcers as the result of burns, and in chronic indolent ulcers.

In all, nine cases have been treated, and in all the results were good.

For the treatment of the class of cases described, naphthalin is certainly superior to iodoform. Both agents appear to act equally well up to the time that the tissues become antiseptic, but afterwards their action is different. Iodoform, after this stage in the treatment is reached, appears frequently to do more harm than good; it makes the granulations flabby. Naphthalin, on the other hand, on account of its stimulating properties, promotes the healing of antiseptic wounds.

If, in the treatment of an ulcer, all that is required is an antiseptic action, then both agents act equally well; but if, in addition to an antiseptic action, a slightly stimulating one is required, which is frequently the case in ulcers in broken-down people, then naphthalin is to be preferred.

Naphthalin possesses another important advantage over iodoform, in its being a much cheaper agent.

Compared with carbolic acid, it is just as powerful, and probably less irritating. It is free from grave untoward effects. It, however, in common with iodoform, possesses the great disadvantage of being insoluble in water, and therefore useless for spray and irrigation purposes.

MODE OF APPLICATION.

Naphthalin can be applied either finely powdered or in the form of a gauze.

In treating cases of putrid ulcers, it is advisable to use it in the form of finely divided powder; and after the sore has become antiseptic, all that is necessary to do is to keep a few layers of the gauze applied until the healing process is completed.

Dr. Squibb has discontinued the manufacture of fluid extract of coca on account of the inferior quality of the coca in the market. He offers as a substitute, fluid extract of camellia (green tea), which produces the effects of coca in a greater degree. The dose is 20 to 30 minims.

REPORT OF COMMITTEE ON ETHICS, AT THE RECENT MEETING OF THE DOMINION MEDICAL ASSOCIATION.

DR. J. A. MULLIN, HAMILTON, CHAIRMAN.

The attention of this Committee has been directed to certain letters to the press by a member of this Association, who at the last meeting took occasion to deliver an address to the Medical Section, referring to the relations of medical men to one another and to the public. That gentleman prepared his address avowedly ignorant that the Association had adopted for the guidance of its members the code of the American Medical Association. It was very much regretted that the time of the members should have been consumed in listening to that address expressing views, to a great extent, at variance with the code which had been adopted by this Association and other medical associations in Canada and the United States, and it is still more to be regretted that, after having been informed of the existence of our code of ethics, that gentleman should have written a series of letters to the *Kingston Daily News* giving a synopsis of his remarks; in some parts reflecting unjustly upon the profession and in others advocating courses of action opposed to the rules which have been laid down for our guidance. It would be well for any member of our profession, before departing from rules that are recognized as equitable by this Association and all thoughtful members of the profession, to make himself well acquainted with those rules, and to consider how far his own judgment is to be depended upon, if in opposition to the united voice of the profession. If any member of this Association finds that his views of professional conduct do not agree with the code adopted by this Association, it is advisable for him to withdraw from our membership; for it is understood that a member of this Association is bound to conform in his professional conduct with its code.

It is not expected that the adoption of a code will secure completely the results to be desired; the fallibility of human nature may lead to a departure at times from the spirit of equity and justice which makes the code, but the violations of law do not form an argument against its existence, but they rather point to the wisdom of having a system to which we may refer as to an authority when occasion requires. While the members of our profession may be animated by a worthy spirit of rivalry in their daily life, it is very much to be deplored if it should be found that into our profession is brought the spirit of self-promotion which shows itself in other callings, often to a most unjustifiable extent. Self-laudation is the worst form of praise, and while a merchant may be allowed to display the excellent qualities of the goods he sells, it is for the members of the medical profession to be convinced that if any one has superior gifts, a discerning public will not be slow in finding it out. We have, therefore, to express regret and disapprobation at the notices which too often appear in the public prints, calling attention to important surgical operations that have been performed, and by whom, and to cases of severe illness in which the patient is making or failing to make progress under the care of some local light.

It has been thought advisable to call attention to this matter that the members of this Association may exert themselves to correct it; not that it is held that any who here assemble require to have their conduct corrected, although a recent notice in the *Canada Lancet* shows that members of our profession in high places are not free from blame. This notice in the *Lancet* refers more particularly to our confreres 'down by the sea," but the editor need not have departed from the province of Ontario to find too many examples of the same. In these days of telephonic communication the reporter need not be ubiquitous—a gentle ring will in a moment place him in the virtual presence of the surgeon who is rising or has risen into fame, and in less than a minute the material for a local notice of an accident, not forgetting the name of the able professional, is transferred to the receptive mind of the reporter. It is known that a town surgeon has been roused after midnight from the early moments of his first slumber to answer an enquiry respecting an accident that occurred in the day, and in his indignation he uttered a strong expression (which one of our judges says is not profane,)

that effectually prevented the return of the midnight disturber; but from the frequency of association of the names of certain members of the profession in the public press with various illnesses and accidents, it is probable that all surgeons are not in danger of having to appear to answer the charge of profanity either here or hereafter.

Under such circumstances what course shall be taken? It is not well to waste time at the telephone trying to show that the public should not be entertained with information respecting cases of accident or suffering that come under our care. It may be that the public has rights that should be respected, since the melancholy death of Garfield, if not before. It has been clear that the public does take a very great interest in the details of illnesses, the frequency of the pulse, the record of the temperature, the results of probings, as well as of medication; and if America as well as Europe may be properly interested in the case of one prominent man, there is probably no community that will not be interested in the cases of others though far removed from fame. It is hoped, however, that if in the futnre any shining mark is struck either in America or Europe, the agony may not be prolonged, and it is also to be hoped that after the grave has finlly closed upon the victim, it will not be necessary to have set before the public every day the views of many distinguished men upon the sanity of the assassin. To counteract the efforts to give the public such details, strong language on the part of medical men cannot be advised, for milder means will suffice. Let a request be made to suppress the name of the able professional, and the news of a surgical operation will not require four newspaper lines, and the account of ordinary operations, removal of fingers and toes, examinations by prominent medical men for injuries after accidents, when none have been received, will be diminished to microscopical proportions. If these indirect methods of professional advertising cannot be commended, what is to be said with respect to advertisements in regular form? In the code it is stated:

"That in the case of a physician, a surgeon "commencing the practice of his profession, or "removing to another locality, a simple announcement by an unobtrusive card in the "public press is unobjectionable."

This rule is one that has been generally adopted, and as to the time during which the card may be retained, there seems to be no special indication given. Probably it was thought that this may be left to each individual to limit for himself, for after a physician has paid for the advertisement for a time, and realized how little benefit results in directing patients to his residence, who would not otherwise have discovered it, he will be able to see that money laid out in this way does not bring usurious interest. If, however, it is allowable to insert such an unobtrusive card, may not an equally unobtrusive card be inserted to indicate that the physician or surgeon intends to devote his power to only a limited part of the professional field? As in the sister profession, A. B. places under his name "Chancery lawyer," may not the doctor state that his work is limited to the eye or ear, or throat or nose, or perhaps to all of these combined? It is probably within the knowledge of most members of the profession that from time to time in the past have appeared the cards of physicians and surgeons with announcements added in very small type (as if the advertiser was ashamed of it, or else intended that no one should read it), the words, "particular attention paid to the diseases of women," or "to affections of the heart and lungs," or "to the diseases of infancy," or "diseases of the skin;" indeed it is understood that one gentleman in the profession announced "particular attention devoted to eyes, ears, throat and nose, skin and women."

There have been incidents of a not very distant past—within the present month has been seen a card in capital type announcing, "Midwifery and diseases of women a specialty." Such cards illustrate the statement in the code that "it is derogatory to the dignity of the pro-"fession to resort to public advertisements or "private cards, or hand-bills inviting the atten-"tion of individuals affected with particular diseases." But can the same be said respecting another method? Has not the professional man the right to announce that he will only treat the diseases of certain parts of the system? It would seem reasonable to admit this, and let

us suppose he is free to announce that he intends to limit his practice to the eye, ear, throat, or nose. The question, however, follows: Has he a right to limit himself to a combination of any or all of these, and may that combination be extended so as to embrace the treatment of several other parts of the system. It is not difficult to see that by an enlargement of the area of limitation, the same end may be attained as is reached by the former method of directing attention to superior qualifications in treating certain forms of disease. There would seem a certain advantage in some members of the profession confining their attention to diseases of the eye and ear; whether practice in this sphere is incompatible with the work of a general practitioner need not here be discussed; it may be admitted that certain gentlemen have special qualifications for the treatment of these diseases, and that the profession and the public ought to know it. It is hoped, however, that this end will be attained with as little sacrifice as possible of those ideas which seem to conform best with the standard of honour that distinguishes professional men from quacks. If it is necessary that gentlemen so endorsed should occasionally visit other places than those in which they reside, it may be possible to let the profession and the public know of it otherwise than through the methods of K. & K. and others of the same species. This may be done without local notices in the newspapers, or emblazoned tablets that catch the eye in the principal hotels. Indeed, the tendency for professional advertising seems to grow in proportion as it is followed, and we find that by some who limit themselves to special fields, "particular attention" is paid to limited and superficial parts of those fields. The force of the current is apparent. Let us halt at the brink—for once embarked and lulled by self-interest, we may be drifted whither we should not sail. As regards special qualifications, we may be sure that if these are possessed, our fellow-practitioners will not be slow in discussing them; and the general public, for the most part, is able to recognize special ability long before the individual himself begins to suspect it. The truth of this is very apparent, and hence it would appear, as each member is obliged to obtain a general knowledge of the different branches of the profession, he should commence life as a general practitioner, and if through special fitness or devotion to any particular field he obtains prominence, it is by nature's slow process of evolution that he is differentiated into the limitations of specialism. After such a course there will be a diminished tendency for the mind reflecting constantly on one branch to regard all physiological and pathological processes as revolving around a cardiac, optical, or uterine centre.

The path may be a long one, and the end not reached by a bound, but the way to true success is seldom rapid—it is through labour and struggle. This truth must have been impressed upon the mind of Velpean, for not long before his death he said to those around him: "We must always labour, my friends." None of us are so great that we may not listen to his voice; none so humble that we may not follow—though, indeed, it be far off—in his footsteps, and be inspired by his dying words.

PUERPERAL SEPTICÆMIA.

(Report of a Case in Practice.)

BY J. CAMPBELL, M.D., C.M., L.R.C.P. EDIN., SEAFORTH, ONT.

Read at the Meeting of Canada Medical Association, August 26th, 1884.

Mr. President and Gentlemen,—In reporting the following case of puerperal septicæmia which lately occurred in my practice, I do not expect to throw any new light on a subject of which much has yet to be learned, and of which the descriptions in our text-books are so meagre and contradictory; but I hope to provoke a discussion, which, no doubt, considering the men who are present, will dispel much of the darkness and doubt which still enshrouds this difficult and important subject.

Having had four such cases in my own practice, and having seen one in that of a neighbouring practitioner—all of which resulted from the same cause—I had intended reporting them all as concisely as possible in this paper, but found that when one case was reported the article was long enough, and so resolved to postpone the reports of the others "until a more convenient season."

Case I.—On the 5th of February last was called in haste to attend Mrs. S., aged 32, the

mother of three children, her husband saying that she was confined on the floor. Found her sitting in bed holding the child, evidently in a frantic state of mind; calmed her as best we could and removed the placenta, which we found in the vagina.

It seems that she had taken a dose of castor-oil, and when the tremendous pain came on—the only one she had—she thought that the medicine was going to operate, so the child was born while she was sitting on the chamber.

Visited her for four days, and found everything natural. In consequence of having been called to a case of diphtheria I then discontinued my visits. On the fifth day, while attending another obstetrical case—which, by the way, made a good recovery—was asked to go and see patient number one, the husband saying that she had been troubled with chills, fever and sweating for the last twenty-four hours.

Found the temperature 104, pulse 120; the woman very nervous and thirsty, but no swelling, pain or tenderness in the abdomen. She complained of frontal headache; the tongue was coated. She occasionally spoke incoherently, and was suffering from prostration. It was evident that an enemy had entered the camp. The question was, how shall we expel him. The case was a puzzling one. Upon digital examination, discovered a bi-lateral laceration of the cervix, and felt certain that we had found the gate through which the enemy had entered the citadel. Next day examined with speculum and sound to ascertain whether there were any supra-vaginal rents extending towards the broad ligaments or in any other directions; likewise if there were any shreds of membrane retained, which could be removed with the uterine forceps. Found no shreds, but proved beyond the shadow of a doubt that there was complete bi-lateral laceration of the cervix, with the lips of the wound presenting an everted and unhealthy appearance. We had now traced the effect back to the cause.

We gave opiates to quiet the system, and large doses of quinine to neutralize the poison and control the fever; while at the same time we used intra-uterine injections of carbolic lotion, with the object of minimizing the amount of poison which might be absorbed,—the nurse being instructed to wash out the vagina between times, to sponge the body with vinegar and water, to give her abundance of fresh air, and to prevent sympathizing and inquisitive old women of both sexes, who are so numerous in Ontario, from entering the house.

At the same time we supported the patient's strength with beef-tea, milk, raw eggs, and good liquid nourishment generally.

After about eight days of this treatment, and when we thought we had succeeded in expelling the enemy from the camp, she was suddenly attacked with severe pain in the inner side of the right knee, the pain extending down to the calf of the leg, and accompanied with an aggravation of all the febrile symptoms. My first impression was that our patient was in for multiple abscesses, and that we had now reached "the beginning of the end." The joint became swollen and puffy, and gradually the whole limb swelled up, constituting a well-marked case of phlegmasia dolens plus acute synovitis of the knee-joint. Wishing to settle the point—a very important one—as to whether we had pus in the synovial sac, we tested with a hypodermic syringe, and drew off a small quantity of somewhat flaky serum. We elevated the limb on pillows, with the knee in a partially flexed position; used at first hot fomentations, then poultices; afterwards small blisters for the leg, tincture of iodine and cotton wool for the knee, and finally bandaging, when the leg began to pit on pressure. The woman was completely helpless, the leg lying where placed, like a log, the pain still being referred principally to the knee. We used the intra-uterine injections with the fountain syringe until the discharge from the uterus ceased. We had her in our care for over three months. During all this time she was taking such tonics as fer. et. quin. cit., quin. sulph., syr. fer. iodid., and Scott's emulsion of cod-liver oil, with good nutritious diet combined with lactopeptine and abundance of fresh air. We had most trouble with the knee-joint, which remained in a semi-flexed condition long after all the symptoms of the phlegmasia dolens had passed away.

After she got out of bed and was able to walk through the house with the aid of a

crutch, she was still unable to bring down the heel. The tendons of the hamstring muscles were tense; the joint itself was somewhat enenlarged, and the natural markings were obliterated. The veins could be seen ramifying over the surface, and to the feet there was evident thickening of tissue. Her health was completely restored, and but for the knee she could attend to her household duties. Like a soldier who had gone through the wars, she had marks to prove that she had been, at least, in one severe engagement. We proposed to put her under an anæsthetic and straighten the limb, cutting the contracted tendons if necessary. She preferred, however, to delay; and it has happened all for the best, as she can now bring the heel easily to the ground and walk without the aid of a staff. She is at present able to do all her household work, and this is of some moment, as she is the wife of a labouring man.

If we had forcibly extended the limb at the time we proposed, it might have kindled up fresh inflammation, which might have blighted our hopes of future recovery.

We ordered oleate of mercury, to be rubbed well into the joint, and an indiarubber kneecap to be worn over it; and, at the same time, we advised her to persevere in passive motion and endeavour to bring down the heel as well as she could in walking. Moreover, a holiday of a few weeks in the country among her friends, at this time, was of great service.

Present Condition.—Examined the patient a few days ago. She can flex the knee well on the thigh, but cannot straighten it completely. The patella is somewhat adherent, but admits of some motion both laterally and vertically, which, I think, can be improved by occasionally moving it as directed. The enlarged veins are no longer seen on the surface, and the natural markings of the joint are beginning to appear again.

Remarks.—1. In reference to the disease, we believe it was a case of pure septicæmia, produced by laceration of the cervix, which latter was caused by the rapidity of the labour and the position which the patient occupied at the time the child was born.

2. The synovitis of the knee-joint and the phlegmasia dolens, we also believe, were both the result of the septic poison which had been absorbed through the raw surface produced by the wound in question.

The synovitis was, of course, out of the usual run of things; but, judging from the analogy which acute rheumatism presents, where we have a poison in the blood producing inflammation of the joints, we may reasonably hold that the inflammation in question was produced by the generally poisoned condition of the blood on this occasion. The phlegmasia dolens, which came on simultaneously with the synovitis, doubtless was caused by the septic poison producing coagula in the veins, thereby causing obstruction resulting in œdema, subsequent involvement of the lymphatics with pressure on the terminal branches of the nerves, complete loss of motor power, with all the train of symptoms which are so well known to exist in this disease, but of which the exact cause or causes, with their subsequent modifications and complications, are so little known.

3. Considering that we had three other cases of septicæmia within a few weeks, and saw one in the practice of a neighbour, all from the same cause, we would infer that laceration of the cervix is a more frequent cause of septicæmia than it gets credit for; hence, it would be well to take means to prevent the occurrence of this accident, in the first place, and make an early examination with speculum and sound for the purpose of diagnosing it when it has happened; in the second place, that the treatment might be early, appropriate and thorough.

4. To prevent laceration of the cervix in those rapid labours, the woman should be told to abstain from bearing down as much as she can; and it is recommended to press back the presenting part and support the cervix until it is fully dilated, so as to allow the head and after-coming shoulders to pass through without tearing it.

5. Finally, in reference to the treatment of this and our other cases, we might say they were all treated, with but slight modifications, in the same manner, with the exception of one, and in that case we used injections of bichloride of mercury, 1 to 1500, instead of the carbolic, and this was the only one that succumbed.

However, this was a case of instrumental labour in a primipera, who was troubled with albuminuria for some time previous to confinement, and whose kidneys never acted well after delivery, whose over-anxious but pious friends kept her mind in an almost constant state of perturbation in reference to her future, regardless of her present salvation—a case in which general peritonitis came on as a result of the septicæmia, and put a period to her earthly career on the sixth day after a noble "struggle for existence." We feel satisfied that all these causes, operating on a delicate constitution, combined to bring about the fatal result; and not the fact that we changed our lotion on this occasion, though we must confess that we still have a weakness for the carbolic as we have for an old coat, an old home, or an old and tried friend.

Selections.

VERY SMALL DOSES OF CALOMEL IN PNEUMONIA.

In the *Bulletin Général de Thérapeutique* of July 30th, Dr. Droux de Chapois extols the calomel treatment of pneumonia by very minute doses. He prescribes two milligrammes (about one-thirtieth of a grain) every hour for two days. After thus treating over 150 cases, he claims better results than by any of the methods of treatment most vaunted in the text-books. Thus used, the protochloride of mercury has the advantage of not being a weapon that cuts both ways; it produces no violent commotion in the system, but nevertheless exercises an incontestable resolutive influence over pulmonary hepatization. After twenty-four or, at most, forty-eight hours, a mild and unctuous moisture ensues over the whole integument; the tongue and mucous membrane of the mouth becomes moist, the oppression and heat diminish; sometimes a liquid stool after fifteen or twenty doses; finally the fever abates, and bronchial breathing gives place to the crepitant râle redux. It is not claimed that calomel thus given is a specific, but that when in spite of the administration of all the well-known remedies, in place of amendment the symptoms tend to become aggravated, the tongue dry, the skin hot and pungent, calomel given in minute doses every hour is followed in twenty-four or forty-eight hours, not by profuse sweating, as true sudorifics produce, but by a gentle stimulation of the skin and sebaceous glands, the liver, pancreas, salivary glands, muciparous glands of the alimentary canal and air passages, and the kidneys. After the first day, should the bowels be too loose, the dose is reduced to one milligramme, and if, as sometimes occurs, there should be slight intestinal colics, a little magnesia is given to rid the system of the calomel, when it has become saturated and the desired therapeutic end reached. R. Z.

A Pulmonary Cavity Healed by Injection of Nitrate of Silver.—In *El Siglio Medical* is recorded the case of a peasant of 26 years who contracted a pneumonia which passed into a chronic state and produced a purulent expectoration and an extreme emaciation. Dr. Maragliano determined the presence of a cavity at the base of the right lung. Judging all other medication to be useless he injected a gramme of nitrate of silver, dissolved in 25 grammes of distilled water. The pain was very acute for two hours, and then disappeared; the frequency of the pulse and the fever diminished. The expectoration increased for several days, but then diminished progressively and recovered its normal characteristics. One year later the cicatrization of the cavity was complete. A second case was similarly treated at Madrid, but with an unfavorable result.—*Journal de Medecine.*

At the recent meeting of the American Association for the Advancement of Science, Dr. Sternberg stated that he had repeated Koch's experiments on the inoculation of tubercle with results confirmatory of the German investigator. Inoculation of rabbits with inorganic matter, which Dr. Forman claimed would also produce tuberculosis, had not been successful in his hands.—*Medical Journal.*

Curability and Treatment of Locomotor Ataxy.—Among 300 cases which Eulenberg has been able to follow, he has found only three

cures. He believes, however, that the number might be increased were sufficient energy expended on the treatment. He holds that the curative action of silver is incontestable, but that it is often inert when given in the form of pill or powder. He recommends that it should be given subcutaneously, either as the albuminate, or as the hyposulphite.

℞ Chloride of silver.....10 centigr.
Hyposulphite of sodium..10 centigr.
Distilled water.....20 grammes. M

An injection is given daily in the dorsal region, of ten centigrammes to one gramme. There is generally a temporary disappearance of the pains, and when they reappear after two or three hours they are generally removable by a cold compress. Hypodermic injections of strychnine in doses of four to six milligrammes have, in several cases, been followed by a remarkable diminution of the motor and sensory disorders. Local refrigeration by means of ice or cold compresses along the vertebral column has had beneficial results. The degree of cold has been determined by the individual sensibility of the patient. With the nitrate of silver, the continuous current, and local cooling, he has in numerous cases improved the patient's condition.—*Jour. Amer. Med. Association.*

M. Dumontpallier, in an hysterical case during the somnambulistic period of hypnotism, by dividing into two parts by the interposition of a perpendicular opaque plane, produced a suggestion of gaiety to the right brain and a suggestion of sadness to the left brain. The sole influence was conveyed through the retina by the sight of a joyful and of a grotesque face. These suggestions persisted into the waking state, the countenance of the subject still reflecting the different sentiment.—*Le Prog. Med.*

TREATMENT OF NEURALGIA.

Dr. Garretson says:—In cases of the unexplainable neuralgias no single remedy has proved so useful as these pills. My prescription is as follows:

℞ Ferri sulphatis exsic.,
Potassii carbonatis, āā gr. ccl.;
Syr. acaciæ, q. s.—M.
Ft. pil. no. 100.

Sig.—Begin with three a day, and increase to six; take several hundred.

A remedy that not infrequently proves serviceable in paroxysmal neuralgia is Duquesnil's preparation of aconitia, in doses of gr. $\frac{1}{200}$, repeated each two hours until numbness is felt; but in this case it did no good.

Brown-Séquard's somewhat famous pill amounts generally to nothing: here it was tried faithfully by the patient on his own prescription.

A local application commonly of great use, is a combination devised by Dr. J. L. Ludlow:

℞ Atropinæ sulphatis, gr. ss;
Aconitinæ, gr. iss
Olei tiglii, gtt. ii;
Ung. petrolii, ʒii.—M.

—*Phil. Medical Times.*

Congelation in Sciatica.—M. Debove has achieved marvellous results in Sciatic neuralgia by the volatilisation of chloride of methyl. The liquid is contained in a siphon to which is adjusted a simple lead tube, which allows the jet of vapour to be directed to any desired point. In the first patient the sciatica immediately disappeared after a simple pulverisation along the painful nerve. Other cases have had slight returns of pain for which new applications were successfully made. The operation is not very painful and is much preferred to cauterisation. With ether M. Debove obtained no analogous result.—*L'Union Medical.* R. B. N.

ETHER AND OPIUM TREATMENT OF VARIOLA.

BY DR. TENNESON,
Physician to the St. Antoine Hospital.

Eighteen small-pox patients in our wards have been treated by the ether and opium method of M. Ducastel. Seven of these had discrete variola and were cured without suppuration and without accident. Eleven had coherent or confluent, variola: of these we give the following resume. (In five patients we tried opium alone, or ether alone; the result was as incomplete as the treatment.)

We omit the cases where the treatment was commenced too late, after the third day of the

eruption. We omit also cases of hæmorrhagic variola as the ether and opium treatment has the effect of aborting suppuration, and hæmorrhagic variola does not suppurate. One could foresee that the treatment would be useless in such cases, and experience confirms this view.

In eight out of the eleven cases the treatment was commenced on the third day of the eruption; in three on the second day. Ten of the cases are described as *coherent* (? semi-confluent), one is classed as confluent. In all, by the eighth day at the farthest, the eruption had dried up, either as papules or aborted miliary pustules. One case died on the twelfth day from adynamia, the temperature never exceeding 39°.

Ten of the cases had been vaccinated and one revaccinated.

One patient was pregnant eight and a half months, but had no threatenings of premature labour, the fœtal heart being heard when she was dismissed cured.

The ether-opium treatment, like all treatment, acts more or less promptly, more or less successfully in different individuals. In the most favorable cases the *buttons*, (pardon me the word) remain papular. At the summit of the papules a small miliary pustule develops, which dries in two or three days; the papules continue to progress without peripheral tumefaction, and persist some weeks after the cessation of fever; the patients then have a quite characteristic elephantiasis aspect, which alarms them greatly, but which always disappears. I have never observed this evolution in variolas which spontaneously abort; that is in varioloids. In others or in other regions no papules; the pustule enlarges without tumefaction of the skin to a horny lamella of the colour of *café au lait* more or less deep.

In others the places where the eruption is abundant swell uniformly, the pustules form a small honey-like crust; at the end of two or three days the swelling disappears and the crusts are dry.

The ether-opium treatment comprises—(1) A hypodermic of ether morning and evening; (2) fifteen or twenty centigrammes of extract of opium in the twenty-four hours. Officinal undiluted ether is used, a Pravaz syringeful (fifteen minims,) being injected night and morning into the subcutaneous tissue. Neither slough, abscess nor induration has ever followed. The needle should be washed in carbolic lotion, (one in twenty) and neither wiped nor oiled previous to insertion. The opium is given in two doses in pill form, ten centigrammes night and morning. The patients are given milk, broths, wine, and sometimes a little brandy. It is always in tonic, alimentary doses that we prescribe alcohol, varying in quantity according to individual requirements. We believe large antipyretic doses hurtful, lowering the vital powers much more than the fever. Apart from some details which are not essential to the ether opium treatment, we have thoroughly carried it out. Perhaps some who dispute its utility have not been placed in the same conditions. To test any treatment in any disease the natural history of that disease should have been watched. Before trying the ether-opium treatment, we watched during two years at the Tenon Hospital (not knowing how better to treat our patients) the natural course of variola. The facts summarized in this note have forcibly impressed us. We publish them in spite of their small number, desirous of making known what to us appears to be a real therapeutic advance.—*Bulletin Général de Thérapeutique.* R. Z.

SOME THERAPEUTIC USES OF LOBELIA.

In a recent communication to the Société de Thérapeutique, Dr. Fournier states that he has successfully used the tincture of *Lobelia inflata*, in doses of ℥ xv-xxx, in several cases of cardiac dyspnœa and in two cases of pulmonary congestion, and with good results in the third stage of phthisis. As lobelia alone is nauseating, it should be combined with polygala. Huchard uses the following formula, which is well borne by his patients:

℞ Potassii iodidi, ʒij :
Tinct. lobeliæ,
Tinct. polygalæ, āā fʒij ;
Extract. opii, gr. iss ;
Aquam destillatam ad fʒviij. M.

Dose, a tablespoonful morning and evening in chronic bronchitis and asthma.

M. C. Paul has used lobelia and iodide of potassium with success in catarrhal asthma, giving ℥xx of tincture of lobelia to gr. viii of iodide of potassium.—*Phil. Medical Times.*

RATIONAL TREATMENT OF TYPHOID FEVER.

BY DR. L. REAL.

In the *Union Médicale* of Sept. 28th, 1884, Dr. Réal claims some remarkable results for his treatment of severe cases of typhoid by large doses of subnitrate of bisnuth (15 to 30 grammes, about 225 to 450 grains a day). He does not regard it as in any way a specific, but uses it as an antiseptic in cases where putrid infection is to be feared from extensive intestinal ulceration, lymphangitis, and mesenteric adenitis, also infective nephritis, which in these cases is due rather to putrid absorption and lymphangitis, than to the primitive microbic infection.

Apropos of those diseases in which renal trouble always threatens, I say *en passant* that there is no condition more intolerant of a great many medicaments, and I may add even of aliments. So I have always considered as monstrous, the administration in typhoid of many powerful medicines, such as quinine salicylate of soda, carbolic acid, and blisters, etc. These medicines ill borne *when they are absorbed,* are positively injurious by favouring the occurrence of nephritis, or by aggravating it when it exists. It is the same with almost all aliments except milk. The only useful medicine, so to speak, I find in alcohol or chloral, which have succeeded very well with me by their favourable action on nuopiesis in causing comatose and ataxic symptoms to disappear. For instance, among other cases, in a young boy aged six years, apparently in a desperate state, a few fractional doses of chloral, largely diluted, suppressed uremic coma brought on apparently by moderate blistering for pulmonary engorgement.

To sum up, the antiseptic dressing of the intestine and its ulcers, by suppressing absorption and putrid intoxication, by greatly lessening or banishing the effects of lymphangitis or infectious nephritis, modifies very notably the aspect of the disease, and causes to disappear the most prominent symptoms of delirium, muscular weakness, pains and lymphanites of the abdomen, dryness of the mouth and throat.

Powdered charcoal acts well as an adjunct to the bismuth, but less effectually alone. The first day of the treatment I direct 10 grammes of bismuth in a lavement of a quart of starch; 20 to 25 grammes of the subnitrate are also given by the mouth as soon as possible, in three or four doses at intervals of half an hour or an hour.

The second, repeat the lavement and some quantity of bismuth by the mouth in three or four doses at equal intervals during the twenty-four hours. We can gradually diminish the daily dose when we find the feces disinfected and becoming less and less black, and part of white powder of bismuth unchanged, having not met with sufficient sulphurated hydrogen to decompose it. Generally, though the ulceration still persists the diarrhœa ceases. Should constipation occur, ten or fifteen grammes of sulphate of soda may be given occasionally by the mouth or rectum.

From 1862 to 1870, out of 19 cases I did not lose one in which this treatment was adopted. From 1870 to 1884, out of 62 cases I only lost two—one died from postpartum hæmorrhage after abortion; in the other the bismuth treatment was not adopted at the start and was imperfectly carried out afterwards, and intestinal lymphangitis with albuminuria caused death. R. Z.

Amyl Nitrite in Opium-Poisoning.—Drouet. The patient had taken two ounces of laudanum and presented the following symptoms: coma; slow and feeble pulse; respirations six per minute; algidity; cyanosis. Belladonna and other remedies failed. Inhalations of nitrite of amyl were followed by immediate improvement, and finally recovery.—*L'Union Médicale.* R. Z.

The Line of the Heart. — M. Luton *(L'Union Med. et Scientifique du Nordest)*, in view of the prevailing uncertainty of the data used for describing the mensuration of the heart, proposes what he calls the line of the heart. This line is found by taking the apex

of the heart *P*, and drawing two lines with a dermographic pencil, one *PX* horizontal, the other *PY* vertical; so that *PX* and *PY* will be perpendicular to one another. Draw a line *PB* bisecting the right angle *XPY*, and note the point *B* where the left border of the sternum intersects this line. *PB* is the line of the heart. Its dimensions give exactly the height of the left ventricle from its apex to the base. The point *B* corresponds to the aortic orifice, and around these two centres are grouped all the auditory symptoms which characterize insufficiency of the valves and constrictions of the orifice. The line *PB* prolonged indefinitely would pass through the external extremity of the right clavicle, so that the line of the heart may also be found by drawing a line from the right acromic clavicular articulation to the apex of the heart, and noting the point *B* where this line crosses the left border of the sternum. R. B. N.

Nitrate of Silver in Strumous Adenitis.—Prof. Ferraris, who, since 1870, has obtained good results with nitrate of silver in the treatment of orchitis and in two cases of polyarthritis, determined to try its effects in adenitis of venereal and strumous origin. His treatment consists in applying every morning to the tumours an ointment composed of 2 grammes of nitrate of silver to 20 grammes of vaseline, and then covering them with wadding. Three to four applications generally suffice. The advantages he claims are diminution of pain, limitation of the inflammation to the glandular parenchyma, and modification of the ulcerative processes in the cavity of the abscess.—*Jour. de Méd. de Paris.* R. B. N.

In all forms of gout Dr. Granville has given the following formula with such success that he recommends its trial by others. He never gives colchicum.

℞ Ammonii chloridi, ʒiv;
Potassii chloratis, ʒii;
Glycerini, fʒxii;
Tincturæ iodini, fʒii;
Aquam ad fʒxii.—M.

Dose.—Two tablespoonfuls four to eight times daily.—*Lancet.—Phil. Med. Times.*

The Cost of Sickness.—I think, then, that we cannot escape from the reasons to believe that we lose in England and Wales, every year, in consequence of sickness, 20,000,000 weeks' work; or, say, as much work as 20,000,000 healthy people would do in a week.

The number is not easily grasped by the mind. It is equal to about one fortieth part of the work done in each year by the whole population between 15 and 65 years old. Or, try to think of it in money. Rather more than half of it is lost by those whom the registrar-general names the domestic, the agricultural, and the industrial classes. There are more than 7,500,000 in number, and they lose about 11,000,000 weeks; say, for easy reckoning, at £1 a week; and here is a loss of £11,000,000 sterling from what should be the annual wealth of the country. For the other classes, who are estimated as losing the other 9,000,000 weeks' work, it would be hard and unfair to make a guess in any known coin; for these include our great merchants, our judges and lawyers, and medical men, our statesmen, and chief legislators; they include our poets and writers of all kinds, musicians, painters, and philosophers; and our princes, who certainly do more for the wealth and welfare of the country than can be told in money.—*Sir James Paget, in Popular Science Monthly.*

Better to Wear Out than to Rust.—The late Prof. Samuel D. Gross, at a dinner given to him in Philadelphia on April 10th, 1879, said: "After fifty years of earnest work I find myself still in the harness; but although I have reached that age when most men, tired of the cares of life, seek repose in retirement and abandon themselves to the study of religion, or the claims of friendship, or the contemplation of philosophy, my conviction has always been that it is far better for a man to wear out than to rust out. Brain work, study, and persistent application have been a great comfort to me, as well as a great help; they have enhanced the enjoyment of daily life, and added largely to the pleasures of the lecture room and of authorship; indeed, they will always, I am sure, if wisely regulated, be conducive both to health and longevity. A man who abandons himself

to a life of inactivity, after having always been accustomed to work, is practically dead."—*Medical Journal.*

A PHYSIOLOGICAL CHECK TO POPULATION.

If we consider special cases of noted men, the great generals of the world, the commanding statesmen, the distinguished scientists, the celebrated authors,—all, in fact, who have become distinguished for superior mental ability—an almost universal result appears: they have either left no descendants, or their families were very small. And, for that matter, we need but to look at the evidences everywhere surrounding us. We think it will be found to be a general rule that persons constantly exercised in mental labor have few or no children; while the largest families belong to those who do not trouble themselves to think at all. There is abundant reason to believe, then, that such a physiological check to population really exists; and, in its operation, it is not difficult to perceive a rich promise for the future of the human race. For it is in no sense, in its superior phase, a starvation check. Nor does it need any of the violent repression of natural desires exercised in the prudential check. At first sight, it appears as if its tendency must be to constantly place the cultured at a disadvantage in numbers as compared with the dull and ignorant. But this disadvantage is more than counterbalanced by the progress of education and the brain-incitements of modern civilization. Thus, the class of brain-workers is being continuallly recruited, despite its lack of fecundity, and we can see indications of an immense future augmentation of this class of the population at the expense of the unthinking, and consequently of a new barrier to the progress of population, whose efficacy is now but beginning to appear.—*From "The Problem of Population," by Charles Morris, in Popular Science Monthly for September.*

Treatment of Orchitis.—℞.—Acid carbolic, 9 grammes; alcohol, 1 gramme. ℳ.—Apply at intervals of a few seconds three or four times to the skin of the inguinal canal in the course of the painful cord. An intense sensation of burning follows, which may be relieved by cold applications. In acute orchitis with funiculitis, we repeat the carbolic applications in three or four days. This method, according to the author, reduces the duration of the disease to eight days, at the most, and a single application in some cases suffices to cure the orchitis.—*L'Union Médicale.* R. Z.

ON PREPUCE GRAFTING.

The surplus skin of the prepuce, from its supleness, thinness, and vascularity, appears to be peculiarly adapted for transplantation, so that I have found grafts from this source adhere when those from other parts have failed. And again, wounds whose granulations appeared coarse and ill-adapted for grafting have accepted prepuce grafts when I little anticipated a favourable result. About three years ago a case of acute cellulitis of the lower extremity, which came under my care, resulted in extensive loss of skin both in the thigh and leg. In this case when the granulations had assumed a healthy appearance, grafts from various sources were placed upon the wound, and I was then favourably impressed with the superiority of the prepuce skin. The coarse skin with dry cuticle upon it, which may be obtained from amputated fingers, is far less satisfactory, adhering with less certainty and growing with less rapidity. The time which may be allowed to elapse between the removal of the skin and its application in the form of small grafts to a wound I have not accurately determined, but it is probable it may be extended till signs of putrefaction begin to appear. I have not hurried to place those pieces of skin on the wound, and from half an hour to an hour may sometimes have passed before they were made use of. In no case have I placed them in hot water or made any provision for maintaining them at the temperature of the body. If the recipient for the grafts lived at a distance from the person yielding the skin, I believe the skin might be conveyed in a small glass bottle or wrapped in gutta-percha without loss of vitality for some hours.—*R. C. Lucas, F.R.C.S. The Lancet.*

HAMAMELIS IN VARICOSE VEINS. — Dr. Nicholls, in the Philadelphia *Medical Times*, reports four cases of varicose veins cured by ext. hamamelis. He gives one to two teaspoonfuls three or four times a day, and considers it almost a specific.

INTRA-UTERINE INJECTIONS. — Francis L. Haynes says, in the *American Journal of Obstetrics*:—It may not be out of place to mention that fainting during the injection of fluid into the womb is always (or almost always) preceded by tinnitus aurium. The physician can, therefore, avoid this accident by discontinuing the injection as soon as the "noise in the ears" is noticed.

"ENGLISH METHOD" OF PERINEAL PROTECTION.

As the result of many years' patient observation, experiment and discussion, a method of great efficiency has been developed, and is extensively practiced in Europe. For convenience of description, Carl Braun has designated it the "English Method." By Josef Spaeth and Gustav Braun it has been termed the Vienna Method, while Spiegelberg is of the opinion that the measure is of Teutonic origin. Charpentier, with characteristic patriotism, ascribes the procedure to Depaul. The important conclusion to be drawn from this diversity of opinion as to the origin of the method, is that the same general mode of prophylaxis of perineal tears is practiced in Austria, Germany, England and France. A universal proposition, in this connection, is not formulated. Schroeder, for example, adheres to the opinion expressed in the first edition of his book, that the kneeling posture, an exact imitation of the position assumed by the cow, is the physiological attitude of the parturient woman.

Certain French accoucheurs continue to follow the precepts of Louyse Bourgeois.

The object of perineal protection is to cause the neck to be the pole of the extension movement around the symphysis, and at the same time to retard the passage of the head, so that the elasticity of the perinæum is fully developed, the vaginal os completely dilated, and the anterior portion of the perinæum can retract over the face.

The left lateral position is most convenient for the patient and the accoucheur. The parturient woman lies upon her left side in such a manner that her head, approximated to the chest, is turned towards the left edge of the bed, while the pelvic extremity is directed to the right edge of the bed. The left lower extremity is extended, the right, with knee-joint semi-flexed, is separated from its fellow by a pillow, or better, an attendant. The accoucheur sits on the right edge of the bed, behind his patient, passes his left hand over her abdominal surface, between the thighs, and applies the palmar surface of his fingers to the advancing segment of the fœtal head, to control the rapidity of its passage, and cause the neck to engage under the sub-pubic surface, as the pole of the extension movement.

The right hand is placed upon the perinæum (only during a pain) in such a manner that the thumb is laid along the right *labium majus*, the index and other fingers rest behind the left *labium majus*, while the volar surface of the hand covers the distended perinæum. The edges of the *labia* and the anterior edge of the perinæum are uncovered. In the pause between contractions, the accoucheur remains passive. In the beginning of a contraction, no pressure is made upon the perinæum, and the head is allowed to advance as far as the circumference of the vulvar orifice and the distensibility of the perinæum will admit. When the acme of the contraction is reached, both hands assume their respective positions, and guard the further progress of the head.

When the pains become violent, the abdominal muscles contract powerfully, and the woman throws herself about restlessly, the accoucheur fixes the pelvis between his arms, —or better, between his left arm and thorax,— presses the advancing occiput backwards, that is, keeps up *flexion*, while the right hand assists the manœuvre, by pressure against the sinciput. By slow, frequent advances, the cephalic segment dilates the vulvar outlet, and develops the elasticity of the perineal structures. Little by little, the occiput and parietal protuberances pass beyond the plane of the

vaginal os and the fœtal neck is applied to the sub-pubic surface. Now is the time of greatest danger. The woman opens her mouth, cries out, and renders the auxiliary forces inoperative. In the pause, between two pains, the right hand, by moderate concentric pressure on the perinæum against the forehead, forces the head in the direction of the pubic arch, so that the child's chin is still approximated to the chest. In this manner, after the maximum dilatation of the vulvar os and development of the elasticity of the perineal structures, the fœtal head is caused to present with its smallest diameters and circumference. *Sub*-occipito-bregmatic, *sub*-occipito-frontal, and *sub*-occipito-mental diameters and circumference, dimensions approximating the smallest possible vertical measurements, are substituted for occipito-bregmatic, occipito-frontal, occipito-mental diameters and circumference.

It must be distinctly borne in mind, that, under certain definite conditions, the preservation of the female perinæum in an intact state, is an impossible task. Some of these conditions are acquired *atresiæ* and organic stenoses of the vaginal os. Under these circumstances, episiotomy, an operation defended by Eichelberg 1850, Scanzoni 1852, Ritgeu,—is indicated.

The *constrictor cunni* is divided on either side of the *Labia majora*, in the direction of the ischiatic tuberosities, to the extent of four or five millimetres.—*Journal American Medical Association.*

REMOTE PUERPERAL HÆMORRHAGE.*

BY T. GAILLARD THOMAS, M.D.

Since I last attended a meeting of the society I have met with two cases which have suggested to my mind the considerations which form the basis for what I am about to say. I refer to a form of hæmorrhage which comes on three weeks or a month after labour, after the physician has ceased making his visits. Some years ago the late Dr. McClintock, of Dublin, wrote a paper on this subject, and called it "remote or delayed puerperal hæmorrhage," and Dr. Mundé has recently written an article bearing upon the same point, published in the "American Journal of Obstetrics." I have seen a good many of these cases, and the history of one which I will relate illustrates the experience that I have had with most of them.

In such a case the uterus may have contracted after labour, and everything gone on properly until the ninth day, when the physician has ceased to make his daily visits, but from that time the woman begins to lose blood steadily. If she makes an unusual effort, or if anything occurs in the family to cause considerable mental excitement, an exceedingly dangerous hæmorrhage may take place, which will require to be checked with the tampon. If sudden and profuse hæmorrhage does not occur, demanding the services of a physician immediately, a steady loss of blood in moderate amount may continue for a week or ten days, until the woman becomes very much exhausted.

The particular case of which I have had the history in mind in the foregoing remarks was that of a lady to whom I was called in consultation by a German physician of considerable experience. Ten months before, the patient had called at my office, and had given a somewhat peculiar history. She had been married several years, her husband was a vigorous, healthy man in every respect, and she a remarkably handsome and well-formed woman; and yet no intercourse had ever occurred. On examination, it was found that she was suffering from a very aggravated form of vaginismus. Her husband had exhausted all his efforts, and her mental state had become such that she could not entertain the thought of sexual intercourse. An operation was performed, at the end of a month the patient left the hospital, and just nine months later she was delivered of a child. About the end of the seventh month of gestation the veins leading from each labium majus became greatly enlarged, and the parts presented the appearance of a mass of earthworms of the size of one's fist. I had seen the condition in so marked a degree but once or twice before.

On the ninth day after delivery hæmorrhage occurred, and she sent for her physician, who

* Remarks made before the New York Obstetrical Society.

used all the ordinary means, including ergot, tannic acid, dilute sulphuric acid, etc., for stopping it, but without avail. The tampon, however, was not resorted to. About three weeks after her delivery the patient was seized with very profuse and violent hæmorrhage, which reduced her very much. It came on after she had got out of bed. When her physician reached her the hæmorrhage had ceased. Each time it had begun with the passage of a blood-clot. On this occasion I was consulted, and I visited the patient three days later—the next time that hæmorrhage occurred. I took with me a nurse and instruments for dilating the uterine canal and for removing the remains of membranes. Her physician, however, felt very positive that none of the membranes had been left in the uterus, and stated that he had examined the placenta very carefully, and that there was no interruption of its continuity whatever. But I felt equally positive that some of the placenta yet remained in the uterus.

When the patient had been placed on the table and the ether-cone had been applied over her mouth, she suddenly sprang up in a state of wild excitement, and could not be induced to continue the inhalation of the ether, it had affected her so badly when she was operated upon for vaginismus. All means of persuasion were futile, and her friends desired that she should be compelled to take the anæsthetic. But I objected to compulsion, because, under such circumstances, after delivery, I have seen most violent and uncontrollable mania developed. In one instance the mania continued three weeks, during which time the patient was very violent, and had to be watched constantly by a nurse. It is true, the mania seemed to be of an hysterical nature, but, nevertheless, it was very violent. I think we cannot be too careful as to doing that which is strongly opposed to the will of a puerperal woman. I would rather have run the risk of a violent hæmorrhage in this case than have forced the patient to take the ether. She was spoken to kindly and put back into bed, and I assured her husband that she would send for me again within twenty-four hours, to have the operation done.

I was sent for the next day. The patient was then etherized, the uterine canal was dilated, the curette was passed, and three pieces of placenta were removed, each as large as the last phalanx of one's index-finger. Very little hæmorrhage was excited by the operation, and I felt that in removing the pieces of placenta I had removed the cause of the hæmorrhage.

The points I wish to make are these. The case was an interesting one: 1, with regard to the vaginismus; 2, with reference to the condition of the veins of the vulva; 3, with reference to the great danger of giving ether during a state of maniacal excitement; 4, with reference to what I believe to be the usual cause of delayed puerperal hæmorrhage and the proper means for its cure.

With regard to the statement, so often made, that the placenta has been examined carefully and found entire, it usually amounts to nothing. In the first place, we know that the physician commonly looks at the after-birth hastily and in a careless manner. Besides, I believe that little pieces may be broken off and remain behind, which no man could recognize from an examination of the placenta, though he examined it with the utmost care. As in this case, so in all others of delayed puerperal hæmorrhage that I have met with, it has been due to retained placenta or membranes. Dr. M'Clintock mentioned a case in his practice which, I believe, proved fatal. I have met with some which very nearly proved fatal, and doubtless some of those present have encountered similar cases.—*N. Y. Med. Journal.*

INCONTINENCE OF URINE IN CHILDREN.

Of medicines which diminish irritability, belladonna takes the first place; but it is important to be aware that this remedy, to be effectual, must be given in full doses. Children have a very remarkable tolerance for belladonna, and will often take it in surprising quantities before any of the physiological effects of the drug can be produced. In obstinate cases of enuresis the medicine should be pushed so as to produce dilatation of the pupils with slight dryness of the throat. In children of four or five years of age, it is best to begin with twenty-five or thirty

drops of the tincture of belladonna, given three times in the day, and to increase the dose by five drops every second or third day, of course watching the effect. Ergot is another remedy which is often very successful. For a child of the same age twenty drops of the fluid extract may be given several times in the day.

Bromide of potassium, benzoic acid (dose, five to ten grains) and benzoate of ammonia, digitalis, borax, cantharides, camphor, and chloral have all been recommended as specifics in this complaint. Sometimes a combination of several drugs seems to be more effectual than one given alone. I have lately cured a little girl, aged four years, who had resisted all other treatment, with the following draught given three times in the day:—

℞ Tinct. Belladon..... ʒi.
Potas. Brom..... gr. x.
Infus. Digitalis..... ʒii.
Aquam ad..... ℥ss.
M Ft. haustus.

When the incontinence continues in the day as well as at night, strychina should be combined with the sedative so as to give tone to the feeble sphincter. In these cases, too, cauterization of the neck of the bladder, with a strong solution of the nitrate of silver (℈ i.-ʒi. to the ounce of water), has been found successful.—*Eustace Smith's Work on Disease in Children.*

THE USE OF CORROSIVE SUBLIMATE IN MIDWIFERY.

Dr. M. Hofmeier, of the Royal University Gynecological Clinic, Berlin, says:—

Continued attention is still devoted to the question whether *corrosive sublimate*, as hitherto employed and largely recommended, is quite harmless in its application to *obstetrics*, or under what conditions the danger in its use may possibly be increased. Owing to the manifold advantages in the employment of the sublimate over that of carbolic acid, the question is indeed of the greatest practical importance. In my last report I mentioned an indubitable case of sublimate poisoning at our clinic and a similar one by Stadtfeldt, which latter has since then been patho-anatomically confirmed in a communication by Dahl (Copenhagen). Another case of this class, fortunately terminating favourably, has since been reported by Stenger, of Mannheim; and I am able at present to give the histories of two additional cases from our clinic which may perhaps throw some light on the circumstances under which the danger of this agent is augmented.

The first case was that of a primipara, aged 25, who had been long in labour and showed some symptoms of fever during the delivery. The soft parts were very unyielding, requiring some slight incisions, and the patient was delivered with forceps. There being some atony, hot injections of 1 : 1000 sublimate solution were given.

During the first days of the puerperium, the patient presented some very peculiar symptoms: general depression, then a comatose state, together with a certain hyperœsthesia of the whole body, subnormal temperature, and offensive diarrhea. About the fourth or fifth day these symptoms abated; the patient had some puerperal abscesses for which she continued under treatment for some time at her house. Albumen was present in the urine a considerable time, from the first day on.

The second case was that of an eclamptic primipara, aged 25; the eclampsia on the whole ran a benign course; the patient was delivered by forceps without material difficulty. After delivery, there was some degree of uterine atony, for which was given a hot irrigation with about three litres of a 1 : 1000 sublimate solution. The hemorrhage ceased, and the patient soon recovered consciousness. On the days succeeding delivery, there appeared, besides general depression, great hyperœsthesia, subnormal temperature, profuse fetid diarrhea. The patient became somewhat somnolent, and death ensued on the fourth day. The autopsy again showed the most extraordinary alterations in the intestinal mucosa which was enormously swollen and partly gangrenous as far as the transition into the ileum, but especially so in the rectum. The kidneys showed marked changes, although calcareous deposits, as in Stadtfeldt's case, could not be found.

If we ask ourselves the question why, with conditions otherwise nearly alike, in the one case the intoxication was overcome, and not in

the other, it seems that in the latter case the pre-existing kidney disease had materially affected the condition for the worse. Owing to the intense influence on the kidneys in poisoning by bichloride of mercury, it appears to be exceedingly dangerous to employ corrosive sublimate in patients whose kidneys are not absolutely sound. At any rate, in Schroeder's clinic the use of the sublimate has been strictly eschewed in cases of such complication.

These cases were also of great value in determining the clinical symptoms: aside from great general prostration, reduction of the cutaneous temperature, hyperœsthesia, general restlessness, and profuse, partly bloody diarrhea. Certainly, these observations admonish us to be doubly careful.—*American Journal of Obstetrics.*

A CASE OF EXTRAPERITONEAL RUPTURE OF THE PARTURIENT UTERUS.

Mrs. C., aged 39, was taken in labour with her tenth child on Nov. 30th, 1883, at 8 o'clock p.m.

I saw her first about one hour later. Examination disclosed breech presentation with feet down close to the buttocks, back to the R. acetabulum. Temp. not taken, pulse 100 to 110 and small. The pains were regular between five and ten minutes apart, but, as the patient described them, of a peculiar lancinating character.

Her sufferings were apparently so great that the use of chloroform was commenced and continued until after delivery, which was accomplished with the blunt hook early on Dec. 1st.

There was no hemorrhage—the placenta following the head immediately. She rested well until early on Dec. 2nd, when symptoms of peritonitis supervened, and death ensued on the morning of the 3rd.

Post-mortem showed a transverse rupture of the cervical portion of the uterus on the right side, above the vagino-uterine junction, about two inches in length and a large hemorrhage in the cellular tissue of that side extending into the iliac region beneath the peritoneum which only covered the upper half of the uterus.

There was no blood in the abdominal cavity and the peritoneum was not torn. Near the fundus the uterus was thick and firm, but in the cervical region and near the os internum the thickness was from one-quarter to one-half that above, and the tissues were softened.

The noteworthy points of the case were the extreme rapidity and smallness of the pulse, 100 to 120 and more, from almost the beginning of labour; the apparent serenity, and towards the last the length of the pains with their regularity and inefficiency.—*Dr. Goodfellow, in American Journal of Obstetrics.*

Affinity of Chloroform for Strychnia.—The following prescription was prepared for a lady:—℞.—Liquor strychniæ, ʒij; spirits chloroformi, ʒiii; aq. ad., ʒiss. ℳ.—Sig., ʒi three times a day. On taking the final dose the patient was seized with spasmodic contractions of the feet and legs. These symptoms soon passed off, but caused much alarm at the time. On examining the bottle which had contained the medicine, a drop or two of water was seen remaining, and beneath this a globule of chloroform, which proved to be highly charged with strychnia, the insoluble chloroform having abstracted the strychnia from its solution. This teaches the propriety of giving strychnia when combined with spts. chloroform, in a state of greater dilution than that ordered above.

Incomes of English Physicians.—Of English doctors, Radcliffe made over $35,000 a year in the height of his fame; Mead, $25,000; Baillie, $45,000; Sir H. Halford, $55,000; and Sir B. Brodie, $85,000 in the year but one before his retirement, the largest income known. Radcliffe once received $8,000 as a special fee for visiting Lord Albermarle at Namur; Granville $5,000 and his travelling expenses for a visit to St. Petersburg; and recently Sir W. Gull $5,000 each for two visits to Pau, and $7,500 for travelling to Perthshire and remaining a week with a patient. But the fee of fees was that received by Dr. Dinesdale in 1768 for inoculating the Empress Catherine and her son at St. Petersburg—viz.: $60,000 paid down, a pension of $2,500 for life, and the dignity of a baron.—*Gaillard's.*

THE
Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

To SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

We regret to learn that, from some cause unknown to us, copies of the Journal have lately gone astray. Any of our subscribers who have not received it regularly, may obtain the missing numbers on application to Dr. Aikins, by post-card or otherwise.

TORONTO, NOVEMBER, 1884.

THE QUEBEC LUNATIC ASYLUMS.

Dr. Hack Tuke pnblishes in the last number of the *Canada Medical and Surgical Journal* an account of his recent visit to the Long Point and Beauport Asylums. Although we had frequently heard of the gross mismanagement of these institutions, we were not prepared for anything so utterly horrible as the description given by Dr. Tuke.

If the publication of this letter does not arouse public sentiment throughout the whole Province of Quebec, then we must conclude that the majority of the population are lower in the scale of civilization than we had supposed them to be.

What a contrast is presented by the history of the London Asylum, so ably managed by Dr. Bucke. In that institution no mechanical restraint or seclusion has been practised for the past fifteen months, and no drug has been administered to keep the patient quiet. It has not been found necessary to resort to chloral, morphia, or hyoscyamia. Only two patients have been fed by the tube, and these but twice since restraint was done away with.

In 1880, two hundred of the inmates attended service in the chapel. Now four hundred are found willing to be present. Fighting, swearing, and obscene language are infrequent. Dr. Bucke, in 1870, reported in favour of restraint, and thought it would be impossible to do without it; but greater experience has convinced him that the views he then held were incorrect.

His success is due to the gaining of the patients' confidence by the attendants. If an attendant cannot get the respect and confidence of patients, a second and a third is tried until the right man is found.

INFANTILE ATROPHY.

Infantile atrophy is one of the most common causes of death in young infants. It is produced by simple starvation—the nourishment may be administered, and consumed with avidity, but it is not assimilated—the babe continues to waste, and finally dies. Mothers do not, as a rule, understand the cause of marasmus, and, consequently, endeavour to overcome it with greater varieties and quantities of food. The doctor, when called in, too often relies on medicine to check the prominent symptoms, while neglecting correct directions concerning diet.

It is well to remember that this is a curable complaint; but the cure must of necessity result chiefly from proper feeding. Among the artificially fed, one of the greatest difficulties is the digestion of the heavy curd of cow's milk. Eustace Smith, in his recent work, recommends a mixture of barley water with the milk. He thinks this acts beneficially by separating the particles of curd. Isinglass or baked flour may be used for the same purpose. It is found very difficult in some cases, by any of these methods, to enable the stomach to digest this caseine.

In order to overcome the difficulty, Prof. Pfeiffer has advised us to peptonize the milk, to which reference is made in an article which appeared lately in the *N. Y. Med. Record.* By this process the caseine is physiologically changed into peptones, which are readily soluble; *i.e.*, it is wholly or partially digested, and is no longer a source of irritation to the feeble stomach. The milk is peptonized by means of an extract of pancreas. Completely peptonized milk has a bitter taste which is somewhat objectionable, especially to some patients. It is better, on this account, not to finish the process, but leave it partially peptonized, in which condition it is quite palatable. This leaves some work for the digestive apparatus to perform,

which is in itself an advantage, because it is not well to monopolize all its functions. Our rule should be, in fact, simply to assist the natural process of digestion so far as required, and no more.

Dr. J. Lewis Smith, of New York, has used for some time, at the Foundling Hospital of that city, an extract of pancreas, prepared by Fairchild Bros. & Foster, with very satisfactory results. His remarks on this subject appeared in our September issue.

The article in the *N. Y. Record*, before alluded to, concludes with the following remarks: Cow's milk is the best substitute for human milk. The former is apt to disagree with the infant on account of definite chemical, physical, and physiological differences, that have been accurately ascertained, and have now been largely overcome. Let ordinary cow's milk be diluted with water, that has recently been boiled to destroy all germs, until its percentage of albuminoids has been reduced to the proper amount. Next, add to it enough cream to make up the fat, and some sugar of milk. Then peptonize it with reliable extract of pancreas, for the alteration of the caseine, and there is produced the best physiological imitation of mother's milk. The peculiar vital or maternal properties of human milk must always elude analysis, but to this limit we have well-nigh reached. Science, as always, stops before the mystery of vitality.

OUR MEDICAL SCHOOLS IN TORONTO.

The opening exercises in the medical schools excited more than the usual amount of interest. In the Toronto School of Medicine the address was delivered by Dr. George Wright, and was certainly a model of what an opening lecture should be. After congratulating the students in their choice of a profession, he proceeded to give them some advice. In the first place, he strongly urged them to take a full four-years' course. He thought it unwise to endeavour to attend too many lectures during the first year; it was like attempting to put brick on the top storey of a house before the foundation was laid. The aim of the Toronto School of Medicine was to give a thoroughly sound medical education, and they were determined, therefore, to discourage anything like a rapid and superficial course. It would be true to its old traditions in always endeavouring to raise the standard of medical education. He strongly advised the students to methodically pursue their study. Steady and continuous work during a whole session would accomplish a great deal

On behalf of the Faculty he extended a hearty welcome to the new students, and wished them all success.

Dr. Workman, being loudly called for, made a few remarks. He said that on occasions of this kind he liked to see a little hilarity among the students, but hoped at the same time they would have all the ballast that would be required. He quite agreed with Dr. George Wright, and hoped his words of advice would be remembered by the students.

Dr. Richardson referred to the necessity of a four years' course, and a perfect system in their method of studying. He also spoke of the necessity for neatness and cleanliness in the study of Practical Anatomy, and said that their dissecting tables should be kept in such order that they might be used as their dining tables. He believed that we were on the eve of great discoveries in medicine, and hoped the time would come when we should know a remedy for every ailment.

The classes in the school are larger than in any former year.

The opening lecture in Trinity Medical School was given by Dr. Geikie, the Dean of the Faculty. In the first part of the address the speaker gave a short history of the progress of medicine from the earliest ages. He explained the old theories of disease, and showed the great advancement which had been made in this branch of science by eminent physicians who had long since passed away. He then went on to say that hard study and perseverance were absolutely necessary to success in the medical profession, and warned those students who entered the profession with the expectation of leading an easy life, that they had better desist, or they would certainly be disappointed. He also gave some good advice to first-year students, not to idle away the first session, as is too often done by those who think that they will have plenty of time during the course to get through the work. A few remarks were

then made on the importance of their shunning evil company, and vice of all sorts. Their calling was a very responsible one, and they needed all their time in preparing for it. The lecture was delivered before a large audience, and the prospects of the school are as bright as in former years

In the Women's Medical College the opening lecture was given by Dr. A. H. Wright in the theatre of the Toronto General Hospital. After the address, the Treasurer read the financial report, which gave evidence of the prosperous state of the school.

The clinical instruction at the hospital will be given upon the same plan as last year. In medicine and surgery lectures will be given in the theatre every day. Outdoor clinics and bedside visits will be continued with regularity. The special departments of Opthalmology, Otology, Gynæcology, and Dermatology, will receive due attention. In the first two subjects four clinics a week will be given; in the third, two clinics; and in the last mentiond, one clinic a week. Students will also be required to write histories of cases, and will receive special instructions in the method of making post-mortems.

THE DANGERS OF BICYCLE RIDING.

When the bicycle was first introduced, some feared its use might produce bad effects, such as diseases of the prostate gland. Since that time cycling has become very common, but comparatively little attention has been paid to it in a professional way during recent years.

Dr. Strahan, of Northampton, England, in an article which appeared in the *Lancet*, Sept. 20th, refers to some grave dangers connected with its immoderate use. Obscure nervous complaints are, he thinks, sometimes produced by the continuous jarring—the succession of shocks conveyed to the spinal column in bicycle riding. A more serious source of danger, however, arises from the amount of pressure brought to bear on the perineum of growing boys, affecting directly the prostate, the muscles of the bulb, etc., and indirectly the whole generative system. In ordinary easy riding the weight of the body comes principally on the tuberosities of the ischium, but on making great exertions in fast travelling or hill-climbing the weight comes chiefly on the perineum. Dr. Strahan thinks this must cause irritation and congestion of the prostate and surrounding parts, and ultimately early impotence.

DR. WILLIAM OSLER.

We are pleased to see in our American exchanges prominent notice given to the removal of Dr. Osler from Montreal to Philadelphia.

Dr. Osler was duly elected to the Chair of Clinical Medicine in the University of Pennsylvania, on the 7th of October, and commenced work in his new field, Oct. 13th.

On the evening of October 9th he was entertained at a complimentary dinner, given by the Medical Profession of Montreal, in the Windsor Hotel, at which there was a large attendance. Dr. R. P. Howard acted as chairman, and Dr. T. A. Rodger occupied the vice-chair.

Dr. Howard, in proposing the toast of the evening, "Our Guest," referred to Dr. Osler's very successful career in Montreal, and his deserved popularity throughout Canada, while he regretted his departure, but assured him he would carry with him the best wishes of his numerous friends for his success and happiness in his new sphere.

Dr. Osler expressed his deep regrets that circumstances had arisen which caused his removal from Montreal. He referred particularly to three friends who had exercised a great influence for good in his life, viz., the Rev. W. A. Johnson, formerly of Trinity School, Port Hope, Dr. Bovell, of the Toronto School of Medicine; and Dr. Howard, of McGill College, Montreal. He had been teaching ten years in McGill, and during that time had devoted himself especially to the scientific aspect of the profession. His intercourse with his professional brethren had always been of the most pleasant character, and his residence among them would always be remembered by him with pleasure.

Dr. Osler takes the place of Dr. Pepper, who was lately transferred to the Chair of Practice of Medicine, and, in addition to Pepper, his colleagues will include the well-known names of Penrose, Agnew, Goodell, Tyson, Horatio C.

Wood, Ashurst, and Duhring. The Medical department of the University of Pennsylvania, which is now 119 years old, is second to no medical teaching institution on the Continent, and we sincerely congratulate Dr. Osler in his connection with such a school. At the same we join heartily with his medical friends, who include the great body of the profession in the Dominion, in wishing him the highest success and the greatest happiness during his stay in the fine old city of Philadelphia.

It is a commendable sign of the times that on this continent men of ability and industry in scientific pursuits are being called to fill positions in Universities at a distance: that neither geographical nor political boundaries prevent their interchange. This spirit will, in our opinion, act beneficially in many ways. The colleges will thus secure the best men possible, and young men will be encouraged to a greater extent to make the study of scientific medicine their principal aim and object in life.

THE RELATIONSHIP OF LUPUS TO TUBERCULOSIS.

At the recent International Medical Congress a very interesting discussion took place on this point. Prof. Doutrelepont, of Bonn, read a paper in which he stated his belief that lupus was really a tuberculosis of the skin.

Prof. Kaposi took an opposite view. He had seen 1,200 cases of lupus during twenty years, and had never seen any connection between the two diseases. He was of opinion that tuberculosis of the skin, of which he had seen twelve cases, was an entirely different affection from lupus. The prevailing opinion, however, appeared to have been that, although lupus and tuberculosis were not identical diseases, there still existed a very intimate relationship between them.

DEATH OF MRS. FULTON, TORONTO.

We have to announce, with deep regret, the death of Mrs. Fulton, wife of the Editor of the *Canada Lancet*, which occurred at her home on Tuesday, October 28th. She had been affected with mitral disease for some time, and her condition for some weeks had been a source of great anxiety to her husband and family.

ALLEGED MALPRACTICE.

COLE *vs.* MITCHELL.

At the recent Assizes in Chatham, an action for damages was brought against Dr. Mitchell, of Wallaceburg for alleged malpractice in the treatment of a fracture of the leg. The tibia was fractured in February of 1883, and the leg was put up in a fracture box for twelve days, and then dressed in plaster of paris. Firm union followed with deformity, but in the opinion of the twelve medical witnesses, this deformity was the result of a fracture occurring nine years before. The names of the physicians called were—Dr. Brown, of London; Drs. Holmes, McKeough, and Siveright, of Chatham, for the plaintiff Cole: Drs. Arnott, Edwards, and Smith, of London; Drs. Bray, Tye, Flemming, and Richardson, of Chatham; and Dr. Stewart, of Wallaceburg, for the defendant. After a consultation of the doctors, the suit was withdrawn.

We congratulate Dr. Mitchell on the result, and are pleased to learn there was no ground for action. The great matter for regret is that the suit was instigated by a professional brother. Such a creature should be boycotted by the members of a profession which makes at least some pretense to respectability.

THE COUNCIL'S MATRICULATION EXAMINATIONS.

For some years the Ontario Medical Council have accepted the Intermediate High School Examination, with Latin, for matriculation. The Intermediate has been abolished by the government with the understanding, so far as the Council is concerned, that the examination for third class certificates, with Latin, will be accepted.

We had supposed that this would make no material change, but there appears to be a difference of opinion about the matter, and some of our High School Teachers say the third-Class Examination, including its fifteen subjects, is not at all suitable for medical students. If such be the case the Council should consider the advisability of making a change.

We may say, however, that those who have already passed the ordinary intermediate will be allowed to register by the Council on passing in Latin at the regular examination in July.

WILLIAM H. VANDERBILT.

The profession throughout this Continent will gratefully remember Mr. Vanderbilt's gift to the College of Physicians and Surgeons, New York.

The fact that the college was to receive such a donation was previously known to but one member of the faculty. Prof. John C. Dalton arose at the faculty meeting and said,—"Gentlemen, I have a little surprise for you this evening, and it is one I know you will receive gracefully. I have a cheque in my pocket for $500,000 that has been sent to me for a building fund for the college by Mr. William H. Vanderbilt."

The members at first scarcely realized the magnificence of the gift, but afterwards manifested their joy and gratitude by spontaneous and hearty cheering.

Mr. Vanderbilt could scarcely have invested his money in any other way with the same prospect of doing good.

It will, in the first place, be a direct benefit to the School. Those who in future intend making medicine their profession will gratefully remember Mr. Vanderbilt's generosity, as it will enable them to procure a better education. It will benefit the public, as their medical men will be better trained and more thoroughly equipped to treat disease.

New York city will, by this act, be made the medical centre of the United States.

It is to be hoped that wealthy men in this city will be stimulated by Mr. Vanderbilt's example. Last year, the sum of $100,000 was given to McGill College in Montreal. Why could not Toronto follow the example set by Montreal, when it is conceded on all sides that medicine can only be properly taught in endowed colleges? Why should our medical schools here be allowed to struggle against adverse circumstances, and to keep up an uneven competition with schools handsomely endowed?

The annual dinner of the Toronto School of Medicine will be held on the evening of the 12th at the Rossin House. The chair will be occupied by Dr. Bascom; 1st vice-chairman, J. M. Forster; 2nd vice-chairman, W. B. Thistle; secretary, H. J. Hamilton.

MALPRACTICE CASE—McLURE *VS.* GRANT.

This case, which was tried at the recent Assizes, terminated unfortunately for Dr. Grant. The jury gave damages at $850, together with the costs of the suit. The plaintiff McLure received a severe injury to the foot and leg, produced by a kick. It was subsequently shown that there were fractures of tibia and fibula, and astragalus. The latter injury could only have been produced by great violence. The surgeon bandaged the limb and placed it in a fracture box. Some days afterward evidence of gangrene of the foot appeared, and Dr. Savage was called in. A line of demarcation formed and the foot was amputated. On account of disease and suppuration of the bones of the ankle-joint, a second amputation was made some two or three months after the first. The plaintiff claimed that the mortification of the foot was the result of the tightness of the bandage. It was, however, to our minds clearly shown by the defence that the gangrene could not have been produced by the bandage, as it did not come on for eight or nine days after it was applied. It was also shown that the severity of the injury was sufficient to produce the unfortunate results. The jury, with their usual wisdom displayed in such cases, thought differently, hence the verdict.

This is an example of how easily a surgeon can get into difficulty by not asking for a consultation early in the treatment of severe injuries. If Dr. Grant had called in two or three of his brother practitioners the day after the injury, he would in all probability have been saved all further trouble and annoyance.

ONTARIO BOARD OF HEALTH LIBRARY.

The Board of Health have decided to form a library after the plan of the International Health Exhibition Library, which contains a large collection of books composed entirely of voluntary contributions.

Through the kindness of Dr. Covernton we had an opportunity of looking over the catalogue of the International Library, and were

surprised at finding such a large number of valuable works obtained within so short a time.

We hope our Provincial Board will have similar success.

Correspondence.

To the Editors of the PRACTITIONER.

Gentlemen,—In your last issue I noticed that your Winnipeg correspondent makes a very sensible suggestion, namely, "That there should be either a Dominion Board of Examiners, or an amicable agreement between the present Councils, so that a license from one shall be valid in all the provinces." In this province (B.C.) we have not yet organized a council, although much needed. The present Medical Act in existence here is inadequate and unjust to Canadian and British graduates. What we want is, as suggested, an Examining Board for the Dominion, thus placing all the provinces on the same footing.

It may be that at the next sitting of our Local Legislature an Act will be passed similar to those existing in the Eastern provinces. On the system of retaliation which is going on there, we will have to do likewise to prevent others practicing except licensed by our own Board.

By having, as proposed, a Dominion Board of Examiners, a great expense, trouble and prejudice would be done away with, and at the same time place the younger provinces on the same footing with the old, the standard of examination being uniform. Hoping that these suggestions may take more of a reality,

Yours, &c., G. L. M.

Victoria, B.C. Sept. 19, 1884.

Hospital Notes.

TORONTO GENERAL HOSPITAL.

DISSECTING ANEURISM OF THE THORACIC AORTA.

(We are indebted to Dr. J. M. Cochrane for the report of this case.)

J. C——, admitted to hospital June 14th. The patient, an old man of about 60, on being admitted appeared to be suffering from great oppression in breathing, and complained of an indefinite pain in the back.

The pulse was very weak and slow, the radial being with difficulty counted; the heart sounds very confused, but no distinct murmur could be ascertained with either of the sounds, which seemed to be distant and muffled.

Percussion and auscultation caused so much pain to the patient, and signs of imminent collapse coming on, a somewhat hasty and provisional diagnosis of pneumonia, with pleurisy on the affected side, was made.

It was also ascertained that the heart was much enlarged, and was probably oppressed with copious effusion into the pericardium.

Measures to relieve these symptoms were at once taken—the whole chest being enveloped in a poultice, and cautious doses of diaphoretic and sedative remedies were given. These afforded a good deal of relief, but there was no permanent improvement, and the patient gradually sank, and death occurred about forty hours after admittance to the hospital.

A post-mortem was made a few hours after death.

Internal appearances:

Right Lung.—Generally healthy, but in the apex and in the lower margins some œdema was found; there was some effusion into the pleural cavity, and the lung substance seemed to have been compressed towards the back part of the chest.

Left Lung.—The substance of this lung was almost solid, the bulk being very much reduced. It had been pressed into the upper and back part of the pleural cavity, and was in some parts attached to the walls by old inflammatory adhesions.

Heart.—The pericardium was distended with serous effusion, the heart was much enlarged and fatty, the walls were hypertrophied, and in their substance patches of calcareous deposit were noticed.

The valves, especially those of the aorta, were thickened and calcified, rendering closure incomplete. In the arch, plates of deposit were found on the inner surface. At the commencement of the descending portion of the arch on its outer aspect complete dissection of the coats had occurred for about six inches of its extent; openings through the inner and the outer coats at points not corresponding were seen; they

were irregular, the inner one being more defined, the outer one indicating considerable distension before rupture of the outer coat.

The entire left pleural cavity, with the exception of the part occupied by the compressed lung, was filled with blood which had escaped through the ruptured aneurism. The blood was liquid, or partially clotted; but the posterior chest wall was covered with firm fibrinous deposit, adherent to the pleura, and there were also some ante-mortem clots adhering to other parts of the walls of the cavity.

The aorta was atheromatous throughout, and at its bifurcation several plates, forming almost a complete ring of calcific deposit, were found in the walls of the vessel.

Brain and spinal column not examined; other organs normal.

Combining the post-mortem appearances with the symptoms during life, which were noted, but not fully accounted for, there is reason to suppose that the aneurism had existed for some little time, that its outer coat may have been ruptured soon after the patient came into the hospital, or even before; and that the entire left pleural cavity virtually corresponded to the aneurismal cavity, on the walls of which fibrinous plates had soon begun to form.

This large mass of blood diverted from the general circulation would account for the very feeble pulse; while the indefiniteness of the sounds of the heart, which must have been obscured by the insufficiency of its valves and the aneurismal murmur combined, is readily understood.

The case was not under observation long enough for a more definite diagnosis, and only the prominent symptoms of the case received treatment.

The students of the Women's Medical College took seats in the operating theatre for the first time on the 21st of October. They were welcomed by Drs. George Wright and O'Reilly, and the following day by Drs. Barrett and Thorburn.

A Chinese physician has been permitted to register in New York to practice among his countrymen.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

THURSDAY, Sept. 25th.

The chair was taken by the President, Dr. Reeve.

Prof. Osler, of Montreal, was present, and, invited by the President, took a chair on the dais. This evening having been set apart for the exhibition of pathological specimens, Dr. Osler was first called upon to present one to the Society. It was an example of cysticerus in the brain of a pig, which he had obtained when last in Berlin. A discussion followed, in which Drs. Johnson, Duncan, and Bryce took part.

CEREBRAL TUMOUR.

Dr. Ross presented the brain of a child. The history of the case was read before this Society last April, and published in the June number of the *Practitioner*. The subsequent history is as follows:—On July 21st, in consultation with Dr. Rosebrugh, the optic discs were again examined and found choked; patient had very peculiar, staggering gait; intelligence unimpaired; head carried somewhat to the left side. She was again seen on the 25th at the office, having come unattended. On August 2nd, Dr. Ross was sent for in a hurry, and though he was at the patient's house in five minutes, she was dead. She had been walking around, and was suddenly seized with a convulsion; was lifted to a sofa, took a few long sighs and expired. The autopsy was made the following day. The meningeal vessels were found to be congested. There was evidence of chronic basic meningitis; a nodular deposit was found in the right lobe of the cerebellum.

MECKEL'S DIVERTICULUM.

Dr. Oldright then presented a specimen. He was called upon four days ago to attend Mrs. —— in confinement. He had attended her about sixteen months ago, when she had borne a male child which had hypospadias, and only lived a few weeks. Her only other son had also had slight hypospadias, and there appears to be a hereditary tendency to that type of faulty development.

As soon as the child—which is the subject of the present history—was born, the doctor no-

ticed that the cord was thickened. It seemed very similar to one exhibited by him before this Society a year or so ago, in which there had merely been thickening of the gelatinous substance. He ligated the cord at two points, distant respectively about two and four inches from the body, and divided between them. On dividing he turned out a dark substance, which in the dim light seemed to be a clot of blood. On examining the plane of section he found he had cut across a cavity, the wall of which had a mucous lining, and which at the time he thought was a cyst in the substance of the cord. On the following day he was informed that the infant had passed nothing from the bowels. A dose of thin oil was ordered. Early on the following morning a message came that there was still no passage, and that there was much uneasiness and vomiting. An enema and another dose of oil were ordered. It should have been mentioned that there had been an escape of a bloody fluid from the stump of the cord. Visiting the child during the morning, the doctor found the abdomen tympanitic, and noticed a few bubbles of gas escape from the centre of the cut surface of the stump. It now occurred to him that what had been divided had been a prolongation of the intestine into the cord. He cut the ligature and a quantity of flatus and meconium escaped.

He had kept the portion of ligated cord—the distil portion—on the first night on account of its peculiarity. He now showed it. The piece of intestine cut off, about the size of a twenty-five cent piece, was embedded in the centre of the cut surface, and it was found to be attached to the gelatinous substance by connective tissue. The doctor reported that the corresponding portion in the proximal end was similarly attached. He promised to report again as to the progress of the case. (See page 355).

URINARY CALCULUS.

Dr. Burns then showed a calculus weighing three and a-half ounces which he had removed from a patient in the hospital by the supra-pubic operation.

Its dimensions were as follows: smallest diameter, one and three-quarter inch s; largest, two and three-quarter inches; smallest circumference, five inches; largest, six and three-quarter inches.

The patient was a man of about 21 years, and had suffered from irritable bladder, hæmaturia, etc., for about two years. The pressure of the calculus had not been defined until a few months before admission to the hospital, to which place he was sent from the country for treatment.

When admitted the patient was greatly exhausted.

In reply to members of the Society, Dr. Burns said that he selected the supra-pubic operation because measurement of the stone led him to believe that it was too large for extraction by the lateral incision, and that although it could be seized in the jaws of the ithotrite it could not be crushed, as it was beyond the scale of the instrument.

In reply to the President, Dr. Burns stated, (1) that the case ended fatally less than eight hours after the operation; (2) that there was considerable hæmorrhage; (3) that there was no free portion of the bladder, uncovered by peritoneum, visible above the pubes; and (4) that in a similar case again occurring, he doubted the advisableness of interfering; but that if interference were urged few difficulties, possibly, might be encountered by incision into the bladder through the rectum. The calculus was phosphatic, and was broken up in the presence of the Society. It was very friable, and was found to contain a flattened nucleus of *pitch* about the size of a cent in circumference and a quarter of an inch thick. The nucleus was examined by Mr. Thomas Hayes, who reported that it had not the character of vulcanite or gutta percha, but answered to all the tests for some form of asphaltum or roofing-pitch.

Dr. Temple then presented a specimen of blighted ovum, and Dr. Nevitt a scirrhous cancer of the breast, removed by him at the House of Providence, after which the President showed a laryngoscopic mirror illuminated by electricity.

The meeting then adjourned to the next room and partook of the President's hospitality, Prof. Osler, of Montreal, being the guest of the evening.

TABES DORSALIS.

At the next meeting, held October 2nd, Dr. McPhedran read a paper on Preataxic Tabes Dorsalis, discussing most of the important symptoms in detail and giving a short *resumé* of the various theories held as to the nature of the disease.

SOCIETY'S ROOMS, Oct. 9th.

The President in the chair.

Dr. Bell, of Berkeley Street, was duly elected to membership.

WOUND OF THE CORNEA. TRICHIASIS.

Dr. Reeve presented two cases. The first had received a vertical incised wound of the inner third of the cornea of the left eye extending into the ciliary region of the sclera above and below, which was followed by inflammation and blindness from closed pupil. In five weeks after receipt of injury sympathetic ophthalmia became developed in the right eye, resulting in complete loss of sight in it. Iridectomy has been done twice in the left eye, and as the result of the second operation 18 months after injury, the patient now has fair sight in this the eye that was originally injured. The second case, one of trichiasis was treated by exposing the tarso-orbital fascia in each eyelid and securing adhesion of the skin to it, thus causing eversion of the lids, undue traction inwards being corrected by a horizontal cut through the conjunctiva and tarsal cartilage about a line and a half from the free margin; no skin was sacrificed.

CEREBRAL CYST.

Dr. Machell then showed a cyst the size of a small goose egg removed from the left middle lobe of the cerebrum, and read notes of the history of the case—a woman who had been a martyr to neuralgia for years. When she came under the doctor's care in July last, the neuralgia was paroxysmal, occurring in the evenings of alternate days; pain intense, and located chiefly in the supra-orbital, temporal and malar regions, supposed to be due to malarial poisoning; but quinine had no effect on it though increased in dose from 10 to 60 grs. daily. In about ten days the paroxysms became daily and affected chiefly the cervico-occipital region, which was tender to pressure; a few days later they occurred at irregular times and often in the day. It was now noticed that she omitted a word occcasionally, and shortly afterwards two or three words would be omitted and later a short sentence. Early in September, instead of the paroxysms of pain she had periods of partial unconsciousness, in which she moved her hands about aimlessly, turning from side to side of the bed and moaning gently; this would last one to five minutes, and occur five or six times a day. In one of these the left eye became completely congested, pupils dilated and tears streamed down her cheek; pulse fell to 36; after recovering, pulse went up to 70 or 80 and pupil became normal. The eyes were examined by Dr. Reeve and double optic neuritis found to be present. This left no doubt as to the existence of a cyst or tumour in the brain. Aphasia became more marked, no paralysis of the arms or legs till a few hours before death, no convulsions. *Post mortem* revealed a cyst with gelatinous contents near base of brain; around cyst wall there was a layer of semi-fluid substance, probably broken-down brain tissue.

Dr. Cameron then reported a case of small tumour of the crus cerebri in a young girl who died at the hospital.

In the absence of Dr. Oldright, Dr. McPhedran showed for him the intestines from the infant whose case he reported two weeks ago. Meckel's Diverticulum was found as a large sac 2 x 5 inches communicating above with the ileum, and terminating in the umbilical cord in a *cul de sac* the end of which was cut off when the cord was cut, from the umbilicus the ileum was rudimentary and about four inches long. The cæcum and large bowel were about the size of a goose quill, but patent throughout, as it all could be inflated; vermiform appendix well formed, the child had lived seven days, took but little nourishment most of which was regurgitated.

RUPTURED UTERUS.

Dr. McPhedran showed for Dr. Wagner a ruptured uterus from a woman aged 34. It was the sixth labour, and occurred as the head was entering the brim, the os being well dilated

and membranes ruptured. The labour presented till this time nothing worthy of note. Delivery was effected by turning. The head becoming fixed at the brim decapitation was resorted to, after which the head had to be perforated before delivery could be effected; the uterus contracted fairly, and no hæmorrhage took place on the removal of the placenta. There was great pain and prostration. The woman lived three days. *Post mortem* examination: There was found general peritonitis, sufficient blood had escaped into the peritoneal cavity to coat all the contents with a dark grumous mixture of blood and lymph. The uterus was torn from cervix up behind the right broad ligament to one inch and a half from the fundus. In the discussion that followed it seemed to be the unanimous opinion that abdominal section should be done in cases of this nature.

HURON MEDICAL ASSOCIATION MEETING.

TUESDAY, Oct. 7th, 1884.

Dr. Campbell, of Seaforth, presented a case of empyema on which he had operated, first by aspiration, and after by free incision, on a boy of fifteen years, removing on the 29th May six pints of sweet pus, and on the 12th June, owing to the distressing dyspnœa, with the assistance of Dr. Elliott, made an incision three inches in length below the angle of the scapula of the left side, and evacuated eight pints of fœtid pus. The after treatment was antiseptic locally, and syrup ferri iod. and Scott's emulsion constitutionally. The boy is recovering. Dr. C. also reported a case of puerperal eclampsia at eight months. Labour was induced and delivery by forceps. Convulsions increased in frequency and violence until one-fourth of a grain of pilocarpin was injected the second time. Recovery.

Drs. Gunn & Elliott presented a case of cirrhosis of the liver in a man sixty-three years of age. He vomited about two quarts of blood about two months ago, and has not been well since. The question of cirrhosis was discussed, some thinking that there might be cancer of the stomach. The spleen on percussion appeared enlarged, and there was an eczematous eruption covering the chest and face. They also showed a case of peculiar nervous hiccough connected with absence of menstruation, which has been in progress about four months, in three of which considerable vomiting was present. The hiccough is constant except when sleeping, and amounts to from sixty to one hundred hiccoughs per minute.

Dr. Williams presented a case of blindness of both eyes from congestive amaurosis. The left eye became blind three years ago, and in the last week the other eye became blind in about three days.

Dr. Nichol, Bayfield, read a very interesting report of a fatal case of traumatic tetanus, produced by a gunshot wound of the thigh. The charge of shot remained in the wound after three weeks, when Dr. N. first saw him, and tetanus had been present four days without treatment. The probe passed its whole length, and a counter opening was made to facilitate discharge. Any manipulation of the wound at once produced a spasm. He died on the eighth day after Dr. N. saw him, twelve days after the tetanus began, and thirty-three days after the accident. Chloral hydrate appeared to be the only remedy that controlled the spasms. The question arose whether the charge of shot could not have been extracted and the irritating cause removed and life saved. At the *post mortem* the charge was found a little beyond where the probe had reached, and a little perseverance in the early part of the difficulty might have found and extracted the shot.

Dr. Worthington showed a case of compound fracture of the third metacarpal bone of the right hand, produced by a dull adz, the finger being shortened one-fourth of an inch. A method of extension was devised and the wound was treated with boracic acid gauze. It united by first intention. Some specimens of ulceration were shown after typhoid fever, and a peculiar case of eczematous inflammation of the leg of long standing. The meeting was of more than usual interest, and occupied the afternoon.

A. W.

Typhoid fever is reported to be on the increase in Paris. The Seine is in a foul condition, smelling like an open sewer.

Book Notices.

Madness and Crime. By Clark Bell, Esq. Reprinted from the *Medico-Legal Journal.*

Monthly Health Bulletin of Ontario. For month of August.

Branchial Cysts of the Neck. By N. Senn, M.D. Reprinted from *Jour. American Medical Association.*

The Medical Chronicle. Vol. I., No. 1. A Monthly Record of the Progress of the Medical Science. Edited by James Niven, M.A., M.B., and W. J. Sinclair, M.A., M.D. Manchester: J. E. Cornish.

On the Development of Physiological Chemistry and its Significance for Medicine. By Prof. Felix Hoppe-Seyler. Translated by T. Wesley Mills, M.A., M.D., Montreal. Reprinted from *New York Medical Journal.*

Genital Reflexes the Result of an Abnormal Physical Condition known as Phymosis. By T. Griswold Comstock, M.A., M.D., St. Louis, Mo. Reprinted from the *New York Times.* Written for a work now in process of preparation by Dr. Edmonds, of St. Louis.

Transactions of the American Otological Society. Seventeenth Annual Meeting. Vol. III., Part 3. Published by the Society. Copies may be had from the secretary, Dr. F. B. Vermyne, 98 Spring Street, New Bedford, Mass. The papers and discussions of this society indicate that its members maintain their wonted activity.

Lal. A Novel. By William A. Hammmond, M.D. Published by Appleton & Co., 1, 3, & 5 Bond Street, New York.

This is Dr. Hammond's first novel, and is descriptive of Western life. One cannot but recognise the ability of the author in many parts of the book, and is surprised that such intellectual power should be wasted in the production of a novel of this class.

The Ear: Its Anatomy, Physiology, and Diseases. By Charles H. Burnett, A.M., M.D., Philadelphia. Second Edition, revised, enlarged, and re-written. Henry C. Lea's Son & Co. Philadelphia, 1884.

The first edition of this work, issued seven years ago, was without a superior as a practical treatise for advanced students and practitioners; and the one now appearing, as embodying the results of Dr. Burnett's own enlarged experience and that of many co-workers, cannot fail to enhance the reputation of the accomplished author. The publishers have brought out the book in excellent style.

Hooper's Physician's Vade Mecum: A Manual of the Principles and Practice of Physic, with an Outline of General Pathology, Therapeutics, and Hygiene. Tenth edition. Revised by William Augustus Guy, M.B., Cantab., F.R.S., Fellow of the Royal College of Physicians, &c., &c., and John Harley, M.D., London, Fellow of the Royal College of Physicians. Vol. II. William Wood & Co., 56 and 58 Lafayette Place, New York.

This is the June number of Wood's Library, and the second volume of Hooper's Vade Mecum. The two volumes make a very complete, condensed, yet comprehensive work, which would be a valuable addition to the library of every physician. "Many original observations and practical remarks, embodying the results of Dr. Harley's experience, are contained in the text of the second part."

Visions of Fancy. A poetical work by N. M. Baskett, M.D., dedicated to Dr. A. E. Gore, of Paris, Mo., and to the medical profession. Published by the Commercial Printing Company of St. Louis.

There are many bright poems in this little work. If Dr. Baskett is correct, the medical student, though a soaring soul, has not a happy lot.

"Derided, spit upon and shunned, he stands
The world's Pariah; and to desert lands
Of bad society by custom driven,
Longing for social joys, he wanders unforgiven,
The scorn of some, a terror unto many,
Shunned by the great, and never cheered by any."

. . . "In him the youthful heart
Beats strong with youthful passions; but the art
Which brings concealment from an act of guile
Is never his. The accomplished wretch may smile
A pious smile, and do a devilish deed;
But candor is the student's, and doth lead
Him in the path of honor."

An Introduction to Pathology and Morbid Anatomy. By T. Henry Green, M.D., London. Fifth American, from the sixth revised and enlarged English edition. Henry C. Lea & Co., Philadelphia.

Each new edition of this deservedly popular work contains so much fresh matter, that the book can now scarcely be called an introduction to pathology.

An account of all the more recent discoveries is given, so that the work really contains all that the average student needs to learn on this branch of medical science.

The chapter on parasites is especially valuable in this age, when recent researches in bacteriology have produced such wonderful results.

Green's Pathology is certainly one of the best students' text-books in the English language.

A Manual of Diseases of the Throat and Nose—including the Pharynx, Larynx, Trachea, Œsophagus, Nose and Naso-Pharynx. By Morell Mackenzie, M.D., Lond. Consulting Physician to the Hospital for Diseases of the Throat; corresponding member of the Imperial Royal Society of Physicians of Vienna, &c., vol. ii. Diseases of the Œsophagus, Nose, and Naso-Pharynx. New York: Wm. Wood, 56 & 58 Lafayette Place, 1884.

Dr. Morell Mackenzie's reputation is established, and what he has written has received the sanction of the profession. His works have been translated into French and German, and he is considered an authority in his special department by the leading continental teachers. This work, the August number of Wood's Library, was commenced twelve years ago, and almost every page has been revised and re-written many times. It is clear and scholarly.

A Text-Book of Pathological Anatomy and Pathogenesis. By Ernst Ziegler. Translated and edited for English students, by Donald MacAlister, M.A., M.B. Part II. Special Pathological Anatomy Sections, I–VIII. William Wood & Co., New York.

This, the September volume of Wood's library, is certainly quite up to the high standard which has hitherto been maintained by this celebrated publishing house. When the work was first issued in Germany, it rapidly found favor with both teachers and students of pathology. It is only occasionally that even celebrated men write a thoroughly useful and reliable book for students, a book which while it contains all that is necessary, is not so large as to be hindersome. Prof. Ziegler seems to have been successful in accomplishing such a work.

The translation is an excellent one, and the work is confidently recommended to all who wish an exhaustive and readable book on pathology, and one thoroughly up to the times.

The National Dispensatory containing the Natural History, Chemistry, Pharmacy, Actions, and Uses of Medicines. By Alfred Stille, M.D., L.L.D., Professor Emeritus of Medicine and Clinical Medicine in the University of Pennsylvania, and John M. Maisch Phar. D., Professor *Materia Medica* and Botany in the Philadelphia College of Pharmacy. Third Edition. Philadelphia: Henry C. Lea's Son & Co. Toronto: Vannevar & Co.

This book embodies, as its authors claim, the Pharmacopœias of the four chief civilized nations —the United States, Great Britain, Germany, and France, and is wonderfully complete and correct in all its details. Some idea of the great labours in connection with this new edition may be gathered from the fact that the general index contains 3,700, and the index of therapeutics 1,600 more references than that of the second edition. We are unable, in the space at our disposal, to convey any adequate idea of the excellence of the work, which is entirely beyond criticism, and have only to say that every medical man in the country should possess it.

The Popular Science Monthly. November, 1884. New York: D. Appleton & Co.

Contains the usual variety of articles from well known and able scientists. The article by Dr. W. A. Hammond on "The Relations between the Mind and the Nervous System;" "What is Electricity?" by Professor John Towbridge; and a further instalment of the interesting papers on "The Chemistry of Cookery," by W. Mattien Williams, will chiefly attract the medical reader. Mr. Williams article may be profitably read at this season by those interested in our winter soup kitchens for the poor. S. W. Powell's article on "Drowning the Torrent in Vegetation," endorses the statements of Mr. R. W. Phipps in his Report on

Forestry to the Ontario Government, and shows by the experience of the old world how necessary it is for us to take time by the forelock in re-foresting our land, could we avoid the disastrous results of de-foresting, so severely felt by the people of the continent of Europe. Among other papers are "Origin of Synthetic Philosophy" by Herbert Spencer; "German Testimony on the Classics Question;" "Oil Supply of the world." etc., etc.

The Alpine Winter Cure, with Notes on Davos Platz, Wiesen St. Moritz, and the Maloja. By A. T. Tucker Wise, M.D., L.R.C.P., M.R.C.S. Published by Balliere, Tindall and Cox, London.

The author has succeeded in making a very readable and attractive book, and one which will no doubt be of great value to physicians in Great Britain. On this continent we have so many excellent winter resorts that it is not necessary to send patients across the Atlantic. In the first two or three chapters a very good description of the various places mentioned in the title is given, as well as how best to reach them from England. The advantages of these high altitudes as a winter resort consist in the pure air, cold, which within certain limits acts as a tonic, greater absorption of oxygen by the system, the presence of ozone in the atmosphere, and, finally, freedom from dust. The bright sunlight has also a beneficial effect. The drawbacks are also given, viz., defective sanitation—imperfect methods of heating and ventilation in the dwelling-houses. The author describes the "fölin" wind—a moist, southerly ærial current, which resembles very much the Chinook winds in the neighbourhood of Calgary, in the North-West Territory. This wind has a very depressing effect on some constitutions. The author is of opinion that cases should not be removed from warm climates to high latitudes. He also gives the following conditions as contra-indicating a residence in these places:

(1.) Diseases of the heart and large vessels.
(2.) Tendency to articular rheumatism.
(3.) Kidney diseases (during the winter.)
(4.) Acute inflammation of throat or larynx.
(5.) Some disease of the bladder and prostate.
(6.) Persons somewhat advanced in years should not visit the mountains unless the circulatory system is sound.

Personal.

Dr. J. T. Bell has commenced practice in this city.

Dr. H. Wilberforce Aikins has returned from England.

Dr. A. L. Brown (Toronto, 1883,) has settled in Otterville.

Dr. Hunt, of Williamstown, will soon leave for Europe to spend a few months among the Continental hospitals.

Dr. William Allison, of Bowmanville, will again be a candidate for the Ontario Medical Council.

Dr. F. R. Eccles, of London, recently performed several ovariotomies with most gratifying results in every case.

Dr. Koch declined an invitation to Leipsic University as successor to the late Professor Cohnheim.

Mr. Lawson Tait delivered his first clinical lecture, in September, to an Albany audience. It is said he did very well for a *beginner*.

Dr. Carson has been appointed Lecturer on Botany in the Woman's Medical College of Toronto.

Dr. W. H. B. Aikins has been elected President of the Toronto School of Medicine Medical Society.

Dr. Griffin, of Hamilton, was married last week at the Centenary Church to Miss Carrie, daughter of Lyman Moore, Esq. Dr. Griffin and his bride will please accept our hearty congratulations.

Thomas McKenzie, B.A., late Fellow, University College, has been appointed Lecturer on Botany and Zoology in the Toronto School of Medicine in the place of Mr. H. Montgomery, who is now in Dakota.

Three hundred and thirty-two students have up to the present registered their names with the Medical Superintendent; of these about 120 are freshmen.

Miscellaneous.

Dr. Oliver Wendel Holmes is in his 76th year.

Messrs. J. A. Carveth & Co. have opened a medical book-store in the Arcade. They have a full list of the latest editions and publications.

In London, a man fell in a drunken fit and broke his neck. The jury found out that his grandfather had died of a broken neck, and brought in as their verdict, "Died by the hereditary visitation of God."—*Lancet and Clinic.*

The Columbus *Medical Journal* prints among its advertisements the following notice as a gentle reminder to its subscribers, that journalistic anæmia is only prevented by the practical support of the profession:—"*Cholera or no cholera,* you must give us one dose of your greenbacks to prevent an attack for the amount due on your subscription. 'Remember that an ounce of prevention is better than a pound of cure.'"

Conversation in the Office of a Lady Practitioner.—Lady Patient—"Doctor, I came to see if you would attend me in my coming trouble." "Certainly; when do you expect to be confined?" "On the 5th of January." The doctor turned to her obstetric list and found that she was previously engaged for that date, for she replied: "I am sorry, very sorry that I cannot: that is the day I expect to be confined myself."

Miryachit—Inconvenience of a Disease of Imitation.—The complaint is a dangerous one. There is a new disease, called in Russia "Miryachit," and in Java "Lata." The person affected by this disease is compelled to imitate anything he sees or hears. A doctor, dining with a friend, had just explained to him the nature of the disease, when the host, pushing forward a bottle of the best "Encore," said: "Try that, doctor, it's ten years old." The doctor mixed a stiff glass, and, about half emptying it, smacked his lips, remarking, "Tip-top, sir." Suddenly, Barney, an Irish butler, who had been present during the doctor's explanation, seized the bottle, and filling a tumbler, emptied it at a gulp, and smacking his lips, shouted, "Tip-top, sir." "What the deuce do you mean by that!" shouted the infuriated host. "Begorra, sir," replied Barney, humbly, "Shure, I'm afeard I'm efflicted wud the latha."—*British Medical Journal.*

THE MODERN *VIA AD ASTRA.*

A MEDICAL FABLE.

Once upon a time a poor but humane physician was riding along a road which led by a dark forest, when he saw by the wayside a sick and miserable dog which had lain down to die. Moved with pity he got down from his carriage, picked up the poor animal tenderly, and gave it some food and drink. Suddenly the dog vanished, and he saw standing before him a beautiful fairy.

"You have saved me from a miserable doom by your compassion," she said. "Command now anything you wish and it shall be yours."

The astonished physician replied, "I am a poor man. I should like to be rich."

The fairy waved her wand, and extended to him a piece of paper and a bottle filled with a dark-coloured fluid. "Here," she said, "is a prescription for an Infallible Compound Hair-Restorer. It will never fail, and it has been indorsed by all the leading clergymen on both continents. The world is yours! Do you wish more?"

"I am a quiet man," replied the doctor, 'and little known. I should like to be famous."

"You shall be more; you shall be immortal." Waving her wand again, she presented to him a small, dark, and curiously shaped instrument. "See," she exclaimed, "it is a new and 'Unquestionably Perfect Pessary.' It radically restores every malposition. Your name is blown into the side. Generations of suffering women and successful doctors will read and bless you. I have tried it myself," she added, blushing a little, and vanished.—*Boston Medical and Surgical Journal.*

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☞ Literary Communications may be addressed to any of the Editors. ☞ All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, DECEMBER, 1884.

Original Communications.

DYSMENORRHŒA.

BY J. ALGERNON TEMPLE, M.D.

(Read before Toronto Medical Society, Oct. 30th, 1884.)

Mr. President and Gentlemen,—I purpose to make a few remarks this evening on a very common disease—I mean dysmenorrhœa—and in selecting this subject for our consideration, I am induced to do so not because I have anything new to offer you, but because it is one of those diseases that we meet with in our every-day practice

It has always seemed to me that this subject should be treated rather as a symptom than as a disease; and I feel satisfied why so many women, the subjects of this complaint, fail to get cured is, simply because one feature in the complaint, viz., pain receives the physician's sole attention, while the cause of the pain is not removed. Such a patient gets a temporary relief, but she does not get cured. The next monthly period returns, and is accompanied again by the same suffering, so that unless the cause which gives rise to the pain is sought for and removed, the woman fails to get permanent relief.

On looking over the literature of this complaint we find it divided into a great many varieties. It is not my intention to follow out this division. Truly, in practice we have three distinct varieties,—the spasmodic, inflammatory, and constitutional.

In a healthy woman, menstruation should be performed without pain, possibly not altogether without some slight discomfort, such as a sense of fulness in the pelvic region, or aching in the loins, but never sufficient to interfere with the woman's ordinary daily duties, while the woman the subject of dysmenorrhœa may suffer every degree of pain, from a slight pain to the most intense agony, so as to render her life one of continual suffering. Every month she is laid up in bed for several days, quite unable to get about. In the course of time her constitution becomes sadly impaired, and she herself a confirmed invalid.

The chief point of interest in this complaint is as to the cause of the pain. If we can satisfactorily explain this and remove the cause, we can surely hope to cure our patient; while, on the other hand, without removing the cause, and following the too common practice of merely, as each month comes round, prescribing some opiate to relieve the pain, can only be followed by injury to the patient, and most unsatisfactory results to ourselves. It is an established fact that uterine contractions are constantly going on in the unimpregnated uterus, whether healthy or morbid, and especially so during menstruation. Anyone who has watched the growth of a fibroid tumour imbedded in the uterine walls, must have satisfied himself of the existence of these contractions. Apparently these contractions do not cause the female any pain, but an exaggerated condition of these contractions, especially when they occur in a diseased uterus, appears to be truly the cause of the woman's suffering. I do not mean to

assert that in all cases of dysmenorrhœa exaggerated uterine contraction is the sole cause of the pain, for, undoubtedly, in some few cases more or less obstruction exists somewhere about the cervix. Then we have to deal with an obstructive or mechanical cause, which, in time, will lead to a congested or diseased condition of the endometrium and give rise to pain. There are apparently two distinct forms of pain—one is spasmodic or intermittent; precedes the menstrual flow; spreads from the uterus to the bladder and rectum, causing tenesmus, bearing down. The other pain is more persistent, steady, uninterrupted in its character, but equally hard to bear, and which ceases when once the menstrual secretion becomes fairly established. It is particularly this form that is so frequently described as the mechanical or obstructive variety of dysmenorrhœa, and the cause of the pain assigned to some flexion in the cervix, caused by some uterine displacement, as, for instance, an anteflexion, the bend in the cervix preventing the free escape from the uterine cavity, and, consequently, the uterus is thrown into contractions to get rid of the accumulated blood. In practice, however, such is not the case. As has been recently proved, the mere treating of the flexion, though it may in a measure relieve the patient, will not produce a cure or entirely relieve her of pain; indeed, there are many authorities who would totally ignore flexion as a cause of pain, claiming that no matter how acutely flexed the uterus may be, it can never be so much as to prevent the outpouring of the menstrual secretion, arguing that fluid will readily pass through a capillary tube. I am satisfied, however, in my own mind upon this point, that an acutely-flexed uterus will, in the course of time, lead to dysmenorrhœa, though, perhaps, not from obstruction. It will induce chronic disease of the mucous membrane of the interior of the uterus. The flexion interferes with the free circulation throughout the uterus, a stagnation of the circulation is the result; the uterus becomes enlarged and congested. The endometrium participates in this condition. It becomes swollen, tender, and chronically inflamed; and the healthy process of disintegration of the lining membrane of the uterus at the monthly period is interfered with. This disintegration, in a healthy uterus, is performed free from pain; but in one diseased, the process becomes also a diseased one. This act of disintegration becomes slow; the membrane is but imperfectly cast off, and points, or nuclei, are furnished within the uterus for the formation of clots, which give rise to pain in the efforts the uterus makes to expel them. The flexure in the body of the uterus is more serious than one in the cervical portion, because the former are met with in women whose health is much impaired, and who suffer much from anæmia. This condition of itself predisposes to neuralgia, not only in the uterus but elsewhere, and particularly so in some women at the monthly period; and this condition of the blood will frequently explain the cause of dysmenorrhœa in some patients, the uterus being quite free from disease, and treatment appropriately applied to restore the blood will be followed by the most happy results in effecting a cure of the dysmenorrhœa.

There still is met another class of cases in which the pain is referred chiefly to the ovaries, and described by some as dysmenorrhœa of ovarian origin. I believe such a deduction to be erroneous. A most careful examination in a large proportion of such cases fails to detect any ovarian disease whatever. The pain and tenderness met with in the ovaries at the monthly period is only temporary. It is not inflammatory, but rather congestive, consequent upon the general pelvic engorgement which takes place at the ordinary monthly period, and often met with in women of a neuralgic temperament. To direct your curative efforts towards the ovaries alone will not cure the woman of her painful menstruation.

There is still another set of cases depending apparently on the presence of a fibroid or polypoid growth in the uterus. Or perhaps the woman had at some previous period an attack of cellulitis, which has left her ovaries, uterus, and broad ligaments almost one compact, immovable mass in the pelvis. Or, perhaps again, her cervical canal has become so altered from the repeated applications of strong caustics as to have contracted and twisted and thickened the cervical canal so as to render

it somewhat difficult to recognize that organ. These cases are plain enough; the treatment of them is obvious.

In concluding this subject, I would merely say, that my own opinion, formed entirely from observation, leads me to the conviction that the true cause of pain in dysmenorrhœa is in a large proportion of cases, at least, due to a diseased condition of the mucous membrane of the uterus, producing congestion of the mucous membrane and pressure on the nerves; and whether this condition is the result of a flexion, of a fibroid, of cold, of anæmia, or of any other discoverable cause, I must leave it to be found out by the physician himself in attendance; and until he brings about a more healthy condition of that membrane, I believe he will get little permanent benefit in the way of relief from pain. The recognition of this diseased state of the interior of the uterus is easy enough,—the passage of the sound is all that is necessary. In a healthy uterus this operation causes no pain; while on the contrary, in one diseased, just so soon as the sound touches the os internum the patient cries out with pain, and whatever part of the lining membrane you may touch, even gently, it causes pain, in some, intense. I have had patients faint from this simple procedure. Some one present may naturally ask, is everyone, then, the subject of dysmenorrhœa, married or unmarried, to be at once submitted to a vaginal examination to ascertain and treat this condition? My answer is emphatically, No. All and every reasonable effort is to be first resorted to; and then, in the event of failure, and if the patient's sufferings be such as to render her life almost a burden, or her general health failing, or if she be a married woman and without children, I think then the procedure quite warrantable—after having fully explained to herself or some near friend or lady relative, or perhaps her husband—your intentions. A cure will follow appropriate topical applications, and a barren woman will probably become a joyful mother, and the young woman the subject of this painful disease entirely cured.

Treatment.—There is a very old saying, that prevention is better and easier than a cure, and in this very complaint I believe much might be done in this direction if mothers were a little more explicit to their daughters and cautioned them more about the risks of exposure to cold and chills at the monthly period. Young persons think nothing of leaving off their warm flannels in the coldest months of the year to go to a dance, and perhaps at this very time they are menstruating. After dancing and becoming over-heated, they go and sit in draughts; the result is a sudden suppression of the secretion, and this lays the foundation of some local uterine complaint. The present style of dress our young ladies wear is not conducive to health. They require so many more yards of material to make a fashionable dress, and this is all hung round the waist, tending to compress the pelvic organs, pressing the uterus down, and favoring some flexion, especially anteflexion. The uterus is normally anteverted, and if the intestines are constantly being pressed down by heavy clothing suspended from the waist, in time this normal position becomes an abnormal one, or exaggerated one. All female clothing should be carried from the shoulders, and then this objection would become a thing of the past. Again, many young ladies, during the fashionable winter months, live a sort of artificial life, at dancing parties much too frequently, go to bed too late, and a condition of anæmia is the result, with all its accompanying ailments. To my mind, these are two of the chief reasons why, at the present day, so many young persons suffer from deranged menstruation. And the same remarks are applicable to young girls in a more humble walk in life. Look at the factory girl. For ten hours a day she sits in an over-heated, overcrowded, ill-ventilated room, driving or guiding the sewing machine. She returns home in the evening to a frugal meal; boards in a locality not well or properly drained; to keep pace with her friends who put the most of their earnings, in the shape of finery, on their back and head, she does the same. The result is, her underclothing is deficient, her feet are improperly protected, no flannel petticoat or woollen stockings. She goes out in the evenings—the only time she has for recreation—and she comes home chilled through; anæmia, neuralgia, and allied diseases crop up, and this girl in a short time becomes

the subject of disordered menstruation. I cannot too strongly condemn the too common practice that mothers have of giving to their daughters, when in pain at their monthly periods, alcoholic liquors. Little beginnings often have big endings; and I, and other physicians besides myself, are aware of many cases of intemperance which can be traced back to early life, commencing at the age of 15, to take hot gin and water at every monthly period. Nor do I think the physician is without blame who prescribes opium or morphine without due warning. I myself know of several instances of women who have become regularly habituated to the use of morphine, and especially to its hypodermic use; and they use it not only at the monthly period, but I may almost say daily, to their great injury. I feel strongly on this point, and I think it is wrong for any physician to tell his patient, when in pain, take this morphine pill. It is done so, perhaps, thoughtlessly; but it is time we raised a warning voice against, I fear, this too common practice. I personally know of no remedies that can be prescribed which will with certainty bring about a cure, though undoubtedly, under certain circumstances, they are decidedly beneficial aids. Apiol has been recently recommended as a valuable remedy to relieve pain. I have been disappointed in its use. Perhaps I have not given it a sufficient trial. Cannabis indica and conium, I think, are quite as good as any remedies I have ever used to relieve pain. There are some few cases where positively nothing but opium or morphine seems to relieve. The hot bath is decidedly beneficial; it acts as a sedative, relieves pelvic congestion, and draws the blood to the surface, thus relieving the engorged uterus. Strict attention should in all cases be paid to hygienic rules, exercise, regulation of bowels, proper food and clothing, and everything that will improve the general health brought to our assistance. When the patient is pale and anæmic, most assuredly some one of the many preparations of iron should be prescribed. For my own part, I frequently give the carbonate or sulphate, and it appears to me they act better than others. Having faithfully followed up a judicious course of constitutional treatment without benefit, and the patient's general health suffering from the constant and frequent recurrence of pain, instead of pursuing further in the dark I think we are justified in suggesting a vaginal examination; and, having obtained the patient's consent, we should commence some local treatment. If any displacement is found, appropriate measures ought to be taken to restore the uterus to position. If the cervical canal is small and contracted, I would strongly recommend the gradual dilation by bougies or graduated metal dilators. The normal cervix ought to admit readily a No. 9 male bougie. In regard to division of the cervix by means of the hysterotome, I have used this plan, but not frequently, and I think equally good results may be obtained by dilating with the bougies. Having, by these means, removed what may be called mechanical causes, our attention should be directed to the interior of the uterus. If a speculum examination reveals a uterus with a large, full congested cervix, the application of leeches or the scarificator, with the daily use of copious hot vaginal douches and the use of the glycerine tampon at night, will be highly beneficial, aided by counter-irritation over the sacrum. And when the passage of the sound within the uterine cavity reveals that sensitive condition of the endometrium, to which I have already alluded, and which I believe to be the true source of the pain in a large proportion of cases, I have found nothing superior to the application of nitrate of silver. It must however be used only fused on the platina probe. It is the only safe and certain method of using this most valuable agent. One or two applications at intervals of 7 to 10 days will give great relief. I may here add that I always use the small cervical speculum, so as to avoid touching he cervical portion of the uterus. Another excellent application is carbolic acid. Churchill's tincture of iodine is likewise beneficial, and, in obstinate cases, the application of strong nitric acid must not be overlooked. Some one of these various plans will in time produce a cure. My experience teaches me, that till we can get a healthy condition of the lining membrane of the uterus the pain will not be relieved. I make no allusion to those cases where fibroids or other tumors exist, nor to the more recent operation

of the removal of the ovaries in very extreme cases. I have not satisfied myself as to the complete justifiability of this operation. I suppose, however, there are some few cases demanding it. As yet I have not met with them.

THE NEW LOCAL ANÆSTHETIC, HYDROCHLORATE OF COCAINE—EXPERIMENTS WITH CAFFEINE.

BY R. A. REEVE, B.A., M.D.

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President, Toronto Medical Society, &c.

It is not surprising that the virtues of a drug which is at once absolutely non-irritating and equally anæsthetic to the conjunctiva and urethra, the cornea and drum head, and the mucous membrane of larynx, naso-pharynx and rectum, etc., should be promptly and widely tested and heralded. The various indications it fulfils are so apparent as hardly to need specifying.

The following cases illustrate in part its potency, and one is cited, not without interest, in which it proved useless. The solution used was of four per cent. strength, the two per cent. having been found too weak, as a rule, for operations upon the eye:

Case 1.—J. A., Toronto General Hospital. *Iridectomy*, Nov. 11th. Four applications in fifteen minutes; operation begun twenty minutes after the first one; no pain—"just felt the doctor was doing something."

Case 2.—J. T. T. *Sclerotomy for secondary glaucoma*; Drug useless: six instillations (of several drops) in twenty-five minutes; operation attempted five minutes later, but patient not tolerating the use of forceps or knife, had to be done under chloroform. The patient was a very nervous subject, and there was possibly idiosyncrasy in addition to evident hyperæsthesia.

Case 3.—Mrs McC. *Operation for secondary cataract.* Solution applied three times in ten minutes; operation, discission, ten minutes later. The patient, a nervous lady, said she "felt not a bit of pain."

Case 4.—Mrs. T. *Mucocele.* Bowman's operation: Three applications on punctum and near inner canthus; canaliculus slit as far as caruncle without pain, and into sac with but little; pupil moderately dilated, but contracting to light and on accommodation.

Case 5.—Mrs. M. *Iridectomy for inflammatory glaucoma.* Five instillations directly upon cornea (upper margin) in fifteen minutes; operation begun five minutes later. Section through sclero-corneal junction not felt; solution dropped upon wound in which a knuckle of iris had engaged; two or three minutes later segment of iris excised. The patient, a delicate, nervous lady, said she "only felt the operation a little."

Case 6.—M. C., aged 3½ years. *Staphyloma of cornea—Incision.* Fifteen minutes after a single instillation the cornea was incised, without complaint.

Case 7.—Mrs. C. The galvano-cautery was applied to several points on the septum and turbinates a few minutes after the use of the solution, without pain. (Some transient neuralgia of superior dental nerves.)

Case 8.—*Ulceration of larynx.* A two per cent. solution gave marked relief of irritability.

Case 9.—*Inflammation of auditory meatus.* Solution dropped into ear. Tenderness and pain sensibly relieved,—"a sort of numbness."

Case 10.—E. L, Toronto General Hospital. *Iridectomy.* Five applications in forty minutes; operation ten minutes after the last; section of cornea not felt; traction upon iris gave some pain.

Case 11.—*Pterygium.* T. G. H. Four applications; abscission and suturing practically painless.

Case 12.—N. M. Z., *Strabismus.* Four applications in fifteen minutes; tenotomy done five minutes later; moderate pain caused by traction of hook upon muscle but none by scissors.

Under cocaine, extraction of cataract is not more painful than iridectomy. More frequent applications or stronger solutions than four per cent. may be found to anæsthetize the iris—a safer plan, it would seem, than injecting into anterior chamber. Cocoaine may be used to prevent, or mitigate, the after-pain of operations on various parts, and lessen the risk of

secondary inflammation. It will doubtless prove valuable for relief of photophobia, spasm of orbicularis, etc., from corneal irritation, as well as of reflex ills elsewhere of kindred origin. The writer has been disappointed in not finding an eight or ten per cent. solution of the alkaloid in oleic acid anæsthetic to the skin; but the aqueous solution of the salt can be utilized for local anæsthesia, to some extent at least, hypodermically. In solution or unguent of various strengths, it should allay the pain of burns, etc., and the itching, etc., of some skin diseases.

EXPERIMENTS WITH CAFFEINE.

Influenced by the alleged identity of the general physiological, if not therapeutical, effects of caffeine and cocaine, the writer was led to test the former, hoping that it also might prove to possess the properties of a local anæsthetic; but a four per cent. solution failed to appreciably lessen the sensitiveness of his own conjunctiva. Bearing in mind the fact elicited by E. R. Squibb, that caffeine is only one-sixth of the strength of cocaine as regards systemic effects, a much stronger solution of caffeine was next tried, namely, twelve per cent., on the patient, case 1, in whom the anæsthetic effect of a four per cent. solution of cocaine had been quite marked; but the conjunctiva remained sensitive, and grasping it with forceps caused pain. This would seem to show that caffeine* is not a local anæsthetic, a fact to be regretted, because it can be had pure and cheap, and, the supply is unfailing, while it would seem that good coca leaves are seldom imported.

HYDROCHLORATE OF COCAINE — A NEW LOCAL ANESTHETIC.

BY G. STERLING RYERSON, M.D., L.R.C.P. & S. EDIN.
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In a communication in the New York *Medical Record* of October 11th, 1884, Dr. Noyes drew attention to certain experiments before the Ophthalmological Congress, in Heidelberg, with a solution of the muriate of cocaine. The results were so remarkable and so important that the subject was immediately taken up in America and investigated with characteristic ability and energy by Drs. Knapp, Roosa, C. S. Bull, Agnew, Hepburn, and others. To the experience of these eminent observers I propose to add my humble testimony. But before doing so it would be interesting to make a few remarks on the properties of the somewhat rare and expensive drug. Cocaine is an alkaloid obtained from the leaves of the erythroxylon coca, soluble in 704 parts of water, but easily dissolved in ether, alcohol and dilute acids. The erythroxylon coca is a shrub which is widely diffused over South America, both in a wild and cultivated state, and is used by the natives, especially in Bolivia and Peru, in the place of Chinese tea. The infusion of the leaves is a powerful nervine stimulant, and smells very much like tea. It is stated that the Indians can travel for days and endure great fatigue and hardships, and use but little food, by chewing the leaves as a kind of cud. Although its anesthetic power has only just been discovered by Mr. Koller, a medical student in Vienna, cocaine has long been known to chemists. It was first isolated from the leaves by Gardeke, in 1855, who called it erythroxyline. Dr. Niemann, of Goslar, investigated it more fully in 1860, and gave it its present name. Its action on lower animals is analogous to that of itecine, titanizing frogs, and, in large doses, paralyzing the sensory nerves and posterior columns of the cord.

The experiments of Dr. Hepburn, of New York, by hypodermic injection, show that local anesthesia is produced in the skin over a considerable area. After the injection of forty-eight minims of a two per cent. solution at intervals of five minutes, general physiological effects were manifested, viz.: increased frequency of the pulse, increase of one-fourth in the number of respirations in a minute, an agreeable sensation of warmth, moderate mydriasis, slight crossed diplopia, and agreeable hallucinations. The power of locomotion was slightly interfered with. There was impairment of general cutaneous sensibility, a feeling as if walking on cushions, a tendency to walk on the heels, and a sensation on grasping an object as if something spongy were interposed. Applied locally

* Though bought from a reliable house it may prove on analysis to be impure.

in four per cent. solution (gr. xx ad. ℥i) to the mucous membrane of various parts its effect is decidedly anesthetic. Dr. Heman Knapp, the well-known oculist, of New York, has experimented on himself very carefully, and I cannot do better than to give his results almost in his own words. Applied to *the tongue*, it produced numbness and loss of the sense of taste. When the *soft palate larynx and pharynx* were sprayed they lost their sensibility to touch. A severe cough, from which the doctor was suffering, was relieved for the time. On spraying *the nose*, common sensation and the sense of smell were abolished. Injected into the urethra, that canal lost its sensitivenes as far as the solution penetrated; a catheter could be passed without any sensation whatever.

Dr. Bosworth has used the remedy locally to the mucous membrane of the nose, and has removed polypi without pain and with much less bleeding than usual. He has also cauterized the cocainized nasal membrane without discomfort to the patient. Pencilled on the turgescent pituitary membrane in hay fever it has given important relief.

It is chiefly, however, in ophthalmology, the most progressive branch of medical science, that cocaine has been most beneficial'y used. Its effect on the healthy eye is as follows: When a four per cent. solution is dropped into the eye no pain nor irritation is produced. In from ten to twenty minutes the cornea begins to diminish in sensibility to touch. This increases from ten to twenty minutes and then decreases, and is gone in about half an hour. To produce complete local anesthesia it has to be instilled every five minutes for a quarter of an hour. Normal sensation is restored in about an hour and a half.

The pupil begins to dilate in from ten to twenty minutes, and reaches its maximum in forty-five minutes, remains stationary for about thirty minutes, and then slowly disappears.

The *range of accommodation* is shortened, owing to the partial paralysis of the ciliary muscle, the near point being removed from the eye. The power of accommodation returns in about half an hour.

The practical uses of cocaine are: To dilate the pupil for ophthalmoscopic purposes, to produce local anesthesia, to facilitate the removal of foreign bodies from the cornea, also to permit of operations being performed on the eye and its appendages without pain and without chloroform or ether. The advantages thus gained can hardly be over-estimated, avoiding as it does the increased risk of loss of the eye by rupture of a vessel, due to the straining in vomiting incident to the administration of a general anesthetic, to say nothing of the diminished risk to life. In the operations for squint and in iridectomy it has been found necessary to instil two or three drops into the wound in order to produce perfect freedom from pain. I am inclined to the opinion that in operations on painful eyes the drug will be found only partially successful in allaying sensibility.

In the nose it can be used to allay pain in operations on that part; to allay the symptoms of, perhaps cure hay fever, and to facilitate the passage of the eustachian catheter.

In the throat it can be used to facilitate examination in very irritable cases; it is also possible that it may enable us to perform the operation of staphylorraphy with better success than heretofore.

In the ear growths may be removed without pain.

In the rectum examinations can be conducted painlessly, and perhaps hemorrhoids treated.

In the vagina minor operations have been performed, and even trachelorrhaphy has been done with little inconvenience to the patient.

The catheter can be passed in a sensitive urethra, when cocainized, without discomfort. It is also possible that the drug may be found useful in spinal cord diseases. All these various uses entitle the remedy to be called "a great discovery;" but it must be remembered that our knowledge of it is comparatively limited, and that failures may be reported and personal idiosyncrasies discovered, and I would suggest great caution in the internal administration of so powerful an agent.

I have used cocaine in the following cases since I brought it from New York on November 10th, and without unpleasant after effects:

Miss C., aged 18.—Lamellar cataract. Used the four per cent. solution; no pain or discomfort whatever.

Mrs. J., aged 60.—Cataract. Preliminary iridectomy under cocaine fairly successful; no pain until iris was grasped. It was snipped off without any pain.

Miss H., aged 20.—Shrunken and sensitive stump; sympathetic irritation. Cocaine produced superficial anesthesia, but was obliged to administer chloroform.

Master W., aged 15.—Lamellar cataract. Needling was performed without any unpleasant sensation.

Miss C., aged 19.—Traumatic cataract. An operation with De Wecker's scissors was performed without pain.

Mr. D., aged 62.—Secondary cataract. Descision was performed without pain or unpleasantness.

Mr. M.—Wound of cornea by a knife stab. Hypopion; iridectomy painless.

Mr. W., aged 21.—Foreign body lodged in cornea removed painlessly.

Mr. H. M.—Moderate nasal stenosis; difficulty and pain in passing a eustachian catheter. Passed with ease and little sensation after cocaine solution had been used.

Miss H., aged 18.—Acute catarrh of the middle ear. Auditory canal very sensitive to touch; much allayed by cocaine solution; did not relieve earache entirely. Painless paracentesis.

Mr. A. L. M., aged 51.—Severe laryngitis. Superficial ulceration; astringents and caustics badly borne. After pencilling the larynx with cocaine, a thirty-grain solution of nitrate of silver could be painted on with little unpleasantness.

Mr. F., aged 24.—Hypertrophic and erectile catarrh. Swelling was notably diminished and mucous membrane paled by a free application of cocaine.

Address to the King of Denmark.—The members of the International Medical Congress recently held in Copenhagen, living in England, Ireland and Scotland, have presented an address to the King of Denmark, expressing their regret for his loss in the burning of the Christiansborg palace when he entertained the members of the Congress.

THE NEW ANÆSTHETIC.

BY A. M. ROSEBRUGH, M.D.,
Surgeon Eye and Ear Dispensary.

Since the announcement was made at the Ophthalmological Congress held in Heidelburg in September last, that the muriate of cocaine causes anæsthesia of the conjunctiva and cornea, the anæsthetic properties of cocaine have been very thoroughly tested, and with the most gratifying and astonishing results. No discovery since the introduction of general anæsthesia by the use of ether or chloroform can equal it in importance. It is found to be an anæsthetic not only for the conjunctiva and subconjunctival tissues, but for the drum membrane, the mucous lining of the nares, pharynx and larynx, as well as for the urethra and vagina; and when used hypodermically it causes anæsthesia of the skin and hypodermic tissues.

Its great value in eye and ear surgery can hardly be overestimated. On the ground of its perfect immunity from danger alone it would necessarily supersede ether or chloroform; but in certain important operations, such as iridectomy or extraction of cataract, the operation is greatly facilitated by the co-operation of the patient, which is rendered possible by the use of a local anæsthetic. Moreover, when a general anæsthetic is used, the operation is liable to be marred either at the time of, or subsequent to, the operation by either the retching or the struggling of the patient.

I have given cocaine a fair trial, and I find that, unlike most new remedies, it appears to be all that is claimed for it. I have found it of great service in relieving persistent photophobia and in facilitating a thorough examination. It is especially useful in dealing with children and timid patients: they will allow the eye to be handled without shrinking when they find that manipulation does not cause pain.

The only drawback that has appeared thus far in using cocaine is the very transitory nature of its effects. Prolonged anæsthesia can only be maintained by renewing the application frequently. This will be a serious obstacle to its use as a therapeutic agent It is also very expensive. A four per cent. solution (the usual strength) costs at the present time $10 an ounce.

That price will probably be maintained for some time, as the demand for it is very great.

Cocaine hydrochlorate may be prepared from leaves (coca erythroxylon) or from the fluid extract. Dr. Squibb prefers the latter. His formula is as follows: Mix fluid extract of coca with one-fourth its weight of calcined magnesia and evaporate on a sand bath to dryness. Powder the powder and exhaust carefully with ether. Evaporate the ethereal solution to dryness. The remains will be cocaine alkeloid with a small quantity of greenish oil, from which it may be separated by water. Very dilute hydrochloric acid is carefully added until the solution is neutral. The salt may be crystalized or water may be added to make a four per cent. solution.

It is claimed that the new anæsthetic is a sure cure for acute nasal catarrh. Should this claim hold good, it alone will be sufficient to immortalize the fortunate discoverer, Dr. Koller, of Vienna.

Selections.

DIET IN DYSPEPSIA OF LIQUIDS.

BY HENRI HUCHARD,
Physician to the Hospital Bichat.

(*From the Bulletin General de Therapeutique.*)

In a paper read before the Therapeutic Society of Paris, Huchard, while admitting the advantages of the milk treatment of certain stomachial troubles, such as cancer, ulcer, gastritis, dyspepsia due to alcohol and strongly spiced food, points out that in certain conditions of the stomach the milk treatment is not merely not beneficial but often is positively injurious. Gubler pointed out in his Commentaires that milk was contraindicated in torpid dyspepsia, and in patients predisposed to catarrhal or serous diarrhœa. M. Debove, in a communication to the Hospital Medical Society, on the treatment of simple ulcer of the stomach, drew attention to the production or augmentation of dilations of the stomach by the ingestion of large quantities of milk. M. Noël Gueneau de Mussy, in his recent treatise on typhoid fever, insisted particularly that one of the causes of indigestibility of this liquid was that the patients partook of it in too large quantities at a time, neglecting the caution of M. Clémenceau, to take it in divided doses. "I now make public my insuccess and my therapeutic errors, and in citing very briefly some of the cases in which the ingestion, not only of milk, but also of any kind of fluid produced increase of gastric trouble, I wish to refer with eulogy to a treatment long ago proposed under the name of *dry diet* in the dyspepsia of liquids, so well described by Chomel."

A patient, aged 48, arthritic, suffered more than ten years from various painful gastric troubles. From time to time, without apparent cause, he is attacked paroxysmally with acute pains in the epigastric region, with coated tongue, nausea, bilious vomiting, obstinate constipation, and almost absolute impossibility of taking proper nourishment. Aids to digestion of all kinds, bitters, milk diet prescribed by several physicians consulted, had no other effect than to aggravate the troubles, which were in no way due, as was at first supposed, to the presence of biliary calculi. After three months of various treatments without benefit, when I observed that the ingestion of a few spoonfuls of any fluid, broth, soup, or milk brought on attacks of pain with oppression and tendency to syncope, I thought of cutting off almost all fluid diet, and quickly at the end of a week all the obstinate symptoms disappeared, to return only after infraction even in the slightest degree of the dietary rigorously prescribed. Some time after a patient, also arthritic and subject to gravel, who formerly had slightly suffered from flatulent dyspepsia and dilated stomach, returned from Contrexéville, where he had been obliged to swallow large quantities of fluid with very marked aggravation of his gastric troubles. I wrongly put him on milk diet, but it was not well borne, not because it determined diarrhœa, but because the ingestion of any fluid brought on uneasiness and fulness of the stomach and frequent eructations. The patient could not bear any fluid food, he grew thinner and weaker day by day, but when placed on dry regimen the dyspeptic troubles in a few weeks rapidly vanished.

A young woman, three months pregnant, with very frequent vomiting, presented rather serious symptoms, characterized after each meal

by sudden suffocation, production of large quantities of gas, enormous dilation of the stomach, and painful attacks resembling those of false angina pectoris. The milk diet prescribed seemed to exaggerate the symptoms when abstinence from fluids were resolved upon. From this state, although occasionally there were some reflex vomiting, all symptoms of a dyspeptic nature vanished.

Finally, just a year ago, a patient, impressionable and nervous, who had already consulted me several times for gastric trouble due to slight dilatation of the stomach, returned from South America, where, owing to the high temperature, he had taken fluids in large quantities and had suffered so severely from aggravation of the dyspepsia that all alimentation had become impossible. A physician had prescribed the milk diet, which I continued with, I acknowledge, complete failure to relieve. It was only on abandoning the use of liquids that, at the end of about two months, I succeeded in obtaining a positive amelioration.

These are some cases that left a profound impression on my mind, when quite recently I observed two other very remarkable facts. The first relates to a lady, 36 years old, manifestly arthritic, who consulted me for an incessant cough which had tormented her for six months, with symptoms of angina and sudden oppression coming on especially one or two hours after meals. The diagnosis was the more difficult as the patient had slight but decided dulness over the tracheo-bronchial retro-sternal glands of the right side, and the family physician, on account of the symptoms of pseudo-angina, had diagnosed aneurism of the aorta. I was soon convinced that the trouble was dyspeptic, and I prescribed milk diet with bitter tonics. Fifteen days after the symptoms had lost none of their severity, the cough was even more frequent, and with a view of relieving the bronchial and stomach troubles, I prescribed a wineglassful of sulphurous water in the morning, and during the day almost exclusively milk diet. I committed a therapeutic error, for fluids were badly borne, the milk caused syncope lasting three-quarters of an hour. On consultation with M. Bouchard the patient was put on dry diet with all its rigour. At the end of ten days the cough disappeared, the attacks of oppression and the gastric and cardiac troubles which had persisted more than six months, disappeared.

A woman, aged 35 years, having suffered for four years from rather frequent attacks of hepatic colic, for which she had been sent several times to Vichy, suffered from time to time during a year from dyspepsia. Last year at Pougues, a few minutes after a meal, she was suddenly attacked with syncope, thought to be hysterical, though she had never presented signs of a nervous temperament. This year, May 10th, without known cause, very intense gastric troubles began—coated tongue, violent epigastric pain, gaseous eructations, dilatation of the stomach. But the chief symptom was attacks of suffocation coming on after the ingestion of a few spoonfuls of liquid. For more than twenty days alimentation was impossible; solid food was ill borne, but liquids, especially milk, soup and broths, brought on such malaise that the patient preferred to go without nourishment. As she had obstinate constipation I gave her a glass of purgative water; but on the first swallow such suffocation came on that she had to desist. After consultation with M. Bouchard dry diet was ordered exclusively. Gradually the symptoms abated and the patient was at length able to take some broths, bean soup, boiled meats, and to-day, owing to this treatment, nourishment has become possible.

. . . . . .

The use of baths slightly warm and lavements of water should be directed to supplement the dry diet, the patient being allowed only a small glass of his accustomed drink during a repast. The interval between the morning and evening meal should be at least eight hours. This regimen permits the use of all kinds of soups, provided they are made very thick. A small quantity of bread, roast, grilled and boiled meats hot and cold, fish, eggs and legumes without much sauce or gravies may be taken as fancied by the patient. Fruits except those of a watery nature, such as grapes, prunes, peaches, strawberries, melons are likewise permitted. Meat extracts and powders are also suitable for this form of dyspepsia. Medicines should be given in solid form, and amongst the purgative mineral waters, those like the Rubinat

water, containing much active principle in small volume should be preferred.

. . . . . .

This diet is also applicable to affections characterized by *excess of arterial tension*, to cases of atheroma, interstitial nephritis, aortic diseases, to cases of angina pectoris with considerable in crease of vascular pressure, to patients predisposed to hœmorrhage, cerebral congestions, hœmorrhage epistaxis, etc. Thus after having employed perhaps to excess the milk diet, we here return to the dry diet. But each answers precise indications. Each will produce the best results in different cases. We must be guided by definite indications in the use of dry or milk diet if we would avoid the reproach, sometimes too well deserved, that medical science is a perpetual recommencement. R. Z.

Aid to Diagnosis of Cancer of Stomach —A new aid to diagnosis of cancer of the stomach is founded on the fact (?) that in this disease hydrochloric acid is at all times absent from the viscus. The test is applied as follows: The patient is made to swallow a gelatine capsule, containing a piece of clean sponge with a strong silk thread tied around it, the thread being brought through the end of the capsule. The sponge is allowed to remain in the stomach half an hour, and then the doctor hauls it up by means of the silk thread hanging from the patient's mouth. The sponge is then tested for hydrochloric acid by means of a solution of tropæolin.—*Atlanta Med. and Surg. Journal.*

The Treatment of Lupus.—Schwimmer (*Wien. Med. Wochenschrift*) strongly advocates the employment of pyrogallic acid and mercurial plaster for the treatment of lupus, and he gives a series of cases in which these remedies were followed by excellent results. The peculiarity of his plan is that the remedies are used in sequence, the action of one being supplemented by that of the other. He first applies vaseline to the diseased part till all crusts are removed, after which a 10 per cent. ointment of pyrogallic acid and vaseline is applied, the dressing being changed two or three times a day, and continued for from four to eight days, according to the activity of the process and the effect produced. Vaseline is then again used for a few days until the irritant effect of the acid is moderated, and then the mercurial plaster is applied and worn for from ten to fourteen days, the plaster being changed two or three times a day if there is much discharge, otherwise only once a day. After two weeks, if any nodules are seen in the cicatrix, the same cyclus of treatment is repeated, beginning with the vaseline as before, but using the pyrogallic acid this time for only three or four days. Generally, the writer states, two courses will be enough to cure the disease, though in some cases a third may be required. The duration of the treatment by this method is said to be from three to four months.—*N. Y. Medical Journal.*

A New Symptom and a New Theory of Locomotor Ataxy.—In addition to these tests, I will now describe another symptom, which I have not seen mentioned in any previous treatise on this disease, and which is, that the patient has a considerable difficulty in walking backwards. This faculty, which is chiefly practised and valued by courtiers, is nevertheless possessed by all ordinary mortals as long as they are in good health. For the tabid patient, however, it is mostly very difficult to walk backwards, at a time when he may have very little or no trouble in walking forward. His heels seem to catch the ground; he dare not move, for fear of falling; and, if he succeed at all in walking backwards, it is in a peculiarly halting and odd fashion, which at once attracts attention.—*British Medical Journal.*

Internal Administration of Amyl Nitrite. —W. B. Richardson in the *Asclepiad* gives the following:

R.—Amyl nitrite,	- - - -	♏ 36
Ethylic alcohol, sp. gr. 830,	-	ʒ6
Glycerine,	- - - ad.	ʒ1½

Dose—ʒi every two or three hours in a wineglassful of warm water. The relaxation produced is often longer continued than when the same dose is inhaled.

Dr. Duhring recommends the following prescriptions for parasitic diseases of the skin:

For Tinea favosa:

℞.—Ol. cadini, - - - - ℥iss.
Sulphuris sublimati, - - ℥ii.
Ung. petrolei, - - - - ℥i.—M.
Sig.—Apply twice daily.

For Tinea circinata, or ringworm:

℞.—Hydrargyri chloridi corrosivi, - gr. iii.
Alcoholis,
Aquæ, - - - - āā ℥iv.—M.
Sig.—Apply twice daily.

Also,

℞.—Chrysarobini, - - - - gr. x-xl.
Ol. cadini, - - - - ℥i.
Adipis, - - - - - ℥i.—M.
Sig.—Apply twice daily.

Or,

℞.—Chrysarobini, - - - - gr. x-xl.
Liq. guttæ perchæ, - - - ℥i.—M.
Sig.—Apply with a brush.

The following ointments are also recommended:

℞.—Ung. sulphuris,
Ung. picis, - - - - ℥iv.
Ol. Olivæ, - - - - ℥iss.—M
Sig.—Apply.

For scabies he uses sulphur in the following combinations:

℞.—Sulphuris sublimati, - - ℥ii.
Balsami Peruviani, - - - ℥i.
Adipis, - - - - - - ℥i.—M.
Sig.—Apply twice daily.

℞.—Sulphuris sublimati,
Styracis liquidi, - - āā ℥ii.
Cretæ albæ, - - - - ℥ss.
Adipis, - - - - - ℥i.—M.
Sig.—Apply.

Earache.—Put a few drops of chloroform on a little cotton wool in the bowl of a clay pipe, then blow the vapor through the stem into the ear.—*Med. Record.*

Sublingual Ulcerations in Whooping Cough.—M. Delthil considers these ulcerations to be caused not by friction against the teeth; for they are sometimes situated on the floor of the mouth, in the vestibule and on the lower lip, and their apparition precedes by many days the severe kinks. According to M. Delthil, they are of parasitic origin, caused by the microbe of whooping cough. He remarks that the ulceration is manifested twelve or fifteen days after contact, that it coincides with the fever and vomiting, and that the fever disappears when the wound is cicatrised. The puriform expectorations observed at this period of the disease are produced by analogous ulcerations in the pharynx, trachea and broachi; that the cicatrices found at autopsies are the remains of these ulcerations, and that the engorgement of the bronchial glands is due to the same cause. The disappearance of the purulent expectoration and the buccal lesions would announce the disappearance of the infectious element.—*L'Union Médicale.* R. B. N.

Absence of Tendon Reflexes in Diabetes.—Professor Bouchard considers this phenomenon of great importance in the prognosis of saccharine diabetes. In forty-seven cases of diabetes in which the tendon reflex persisted, there were only two deaths, or one in twenty-three; in nineteen cases with absence of the reflex there were six deaths, or one in three.—*L'Union Médicale.* R. B. N.

Sublimate Injections in Joint Diseases.—Professor Vogt has obtained good results in three cases of so-called gonorrhœal rheumatism of the knee, by intra-articular injection of corrosive sublimate. He employed a solution of bichloride of mercury, 1½ grain; chloride of sodium, 15 grains; distilled water, 12 drachms. Of this solution, 45 to 75 minims were injected into different parts of the joint. The injections were repeated every four days, but how long the treatment was continued the author does not state. At the time when these cases were reported he stated that the cure could be regarded as established, massage and passive motions being all that was necessary to restore

the functions of the joint. In other non-specific bone and joint diseases a somewhat extensive employment of this mode of treatment leads the author to believe that "in certain cases much can be accomplished by intra-articular injections of corrosive sublimate."—*New York Medical Record.*

DEATHS FROM ANÆSTHETICS.—The *British Medical Journal* for October 25th reports two deaths from administration of anæsthetics—one from chloroform in the Western Infirmary of Glasgow, the other from methylene in the South Devon and East Cornwall Hospital of Plymouth. In both cases the patients were supposed to be healthy young men, and in neither case could any definite cause be assigned.

FRACTURE OF THE LEG, FOLLOWED BY GANGRENE.

P. F——, aged 21, wine merchant, was admitted Feb. 8th, 1884, into the Cochin Hospital, under Drs. Duret and Auger. While getting down from the seat of a cab he fell with his left leg under him, and could not get up. On admission we found fracture of both bones of the leg lower 3rd, considerable extravasation of blood. One the inner side at the level of the fracture, a small blackish spot the size of a two franc piece; no wound. The fragments moved overeach other with the greatest freedom, and the leg bent in every direction with marked crepitus. The bandage of Scultetus was immediately applied, reached to the middle 3rd of the thigh. Very little pain during the application, and the patient felt better after the leg was immobilized.

Feb. 9.—Insomnia. Except some darting pains at the point of fracture the patient stated that he had suffered nothing either in the leg or foot. Nevertheless, we found the foot to be of a reddish color, cold and insensible. The lower part of the leg, when uncovered, showed the same appearance. The apparatus of Scultetus was removed and a plaster splint applied. In the evening the reddish color extended over the foot and lower 3rd of the leg, up to the seat of fracture, marked on the inner surface of the limb by a blackish patch with diffuse edges, which are covered with sero-sanguinolent phlyctenulæ. In the same area coldness and insensibility to pain (a pin thrust deeply into the tissues caused no sensation); no œdema. The pulsations in the dorsalis pedis and posterior tibial arteries are no longer felt. Some movement of the toes still possible. Apart from this no spontaneous pain; no general disturbance.

The patient was of tuberculous antecedents (he had lost a mother and sister from lung disease, and a brother from Potts' disease). He himself, save some cervical adenitis in infancy, had never had hæmoptysis, and does not cough; auscultation and percussion negative. No rheumatism. No venereal. At the age of 15 was confined to bed a month with some ill-defined fever. No other acute disease. No sugar or albumen in urine. Well marked alcoholism. For five years has followed the occupation of wine merchant, which he says obliges him to drink freely every day. Catarrh, trembling of the hands, some cerebral trouble.

Feb. 10.—Gangrenous parts in *statu quo;* the skin of foot and lower 3rd of leg is pale and flaccid. It is a true gangrene by *cadaverisation.* At the upper part the calf is hard, stretched, and rather tender. Temp. a.m. 37°; p.m. 38°.

Feb. 11.—The sphacelus does not pass the seat of fracture, but higher up the tension increases; a bronzed redness extends on the inner side two fingers' length above the knee. Temp. a.m. 37.8°; p.m. 38.4°. In the evening extensive scarifications in the mortified parts. A little black blood flowed by. The cellular tissue is hardly infiltrated.

Feb. 12.—M. Duret made an incision on the inner side of the leg to seek for the posterior tibial vessels. They were found flattened and empty; no extravasation of blood at the bottom of the wound, in which one of the angular fragments could be felt.

Feb. 13.—Amputation of the thigh at lower 3rd without accident worthy of note. Temp. a.m. 39.4°; p.m. 38 4°; p.m. 38.6°.

Examination of the leg showed nothing in the saphenous veins. The state of the soft parts differ completely at the level of the fracture and below. At the point of fracture extending above and below three fingers' breadth, the muscles

are reduced to a putrid mush. At the ankle and in the foot, save a little paleness, they are normal, like the muscles of a fresh corpse. Both bones are broken at the lower 3rd. The line of fracture of the tibia is oblique, downwards, forwards, and inwards. A fragment is detached on the outer side and surrounded by splinters. The fracture of the fibula is 2 centimetres (¾ inch) higher up. Its upper fragment is flattened and bifid. The interosseous ligament and the deep muscles, greatly torn, allowed the fragments to move in every direction. It is very difficult to re-establish their primary relations to the vessels. However, we find the peroneal caught in the angle of the upper fragment of the fibula; but in it, as well as in the posterior and anterior tibial, no trace of tear. Followed from the popliteal to the plantar and dorsalis pedis, the arteries of the leg show no clot in any part. As to the deep veins of the three groups, they are thrombosed for about 5 centimetres (2 inches) in the neighborhood of the fracture. The nerves are healthy.

Is this septic gangrene? The anatomical characters, and the course of the disease, the absence of general reaction, give little support to this theory.

On the other hand, can we believe that a leg bandage, however tight, could produce in the leg of a patient very muscular sufficient ischæmia to cause in so short a time gangrene of the whole thickness of the leg. Besides, in this hypothesis the localisation of the sphacelus below the seat of fracture, the absence of œdema and pain remain unexplained. A tear of the arteries at the seat of fracture would perfectly explain the symptoms. But the arteries were healthy. Still, one of them was found stretched over the fragment, and we may suppose that, owing to the extreme mobility, they could be pinched and compressed between the bones in the efforts to reduce the fracture and apply the dressings.

Finally, besides these mechanical agencies we must consider the state of alcoholism of the patient.—*Progres Medical.* R. Z.

A novel called "Gaythorne Hall" has recently been published by a well-known London physician.

Burns and Scalds.—In the *Asclepiad* of April, 1884, B. W. Richardson warmly advocates the application of crushed ice and lard to burns and scalds. Ice is well crushed or scraped as dry as possible, and mixed with lard till a rough paste is formed. The mass is then put in a thin cambric bag and applied. The pain is rapidly eased; its return is a call for the repetition of the remedy.

PROFESSOR SCHWENINGER.

Considerable excitement was recently created in Berlin medical circles by the appointment of Dr. Schweninger, by Prince Bismarck, to the position of Ordinary Professor of Diseases of the Skin. It appears that Dr. Schweninger has succeeded in curing some of the ailments of Prince Bismarck and his son, which had resisted the efforts of distinguished members of the Berlin Faculty. The chief objection to the *protege* of the Chancellor is that there is nothing in his history which promises to confer any honour on the Faculty. Originally a Privat-Docenx in Munich, he was, for reasons not stated, excluded from the Munich Faculty, and finding success in practice impossible in that city he went to Berlin, where he ingratiated himself into the Bismarck family.

This, as it appears, unwarranted action on the part of the Chancellor, has called forth a protest from the Berlin Faculty, which, however, has not been noticed by the Berlin journals; probably because they deem it inadvisable in view of the position of the appointer. But it seems that the professorship to which Schweninger was appointed was not sufficient honour' and he has also been made a member of the Imperial Sanitary Board, without any qualification for the position, and against the protest of the Director, Dr. Struck, also formerly a medical attendant on Prince Bismarck. Dr. Struck accordingly resigned his post, and Dr. Koch, in consequence of some unpleasant circumstances connected with the affair, has also given up his seat, after declining to be nominated as Struck's successor.

A cable despatch, dated Berlin, November 2nd, states that Professor Schweninger, having taken offence at some remarks of Professor

DuBois-Reymond, regarding his appointment to the chair of dermatology, has challenged him to fight a duel, which he has declined.—*Medical News.*

ANDERSON ON PYELALITHOTOMY.—Mr. Anderson read a paper at the Clinical Society (*Med. Times*, 1884. Vol. 1, p. 744), in which he described a successful operation for renal calculus. The patient had hæmaturia and pain in the left loin; the urine contained uric acid but no pus. The kidney was reached by an oblique incision in the loin and the calculus removed, a drainage tube was inserted, and the patient made a good recovery. Urine was not passed through the wound after the first 12 or 18 hours. The calculus weighed 60 grammes, and consisted chiefly of calcium oxalate. The incision to extract the stone was made through the membranous wall of the pelvis, not through the kidney substance, as less likely to cause hæmorrhage. —*Birmingham Medical Review.*

A NEW MEANS OF DIAGNOSIS OF PREGNANCY IN ITS EARLIER MONTHS.

Prof. Hegar, of Fribourg (*Prager Med. Wochenschrift*), recognises a peculiar softening, suppleness, and thinning of the inferior segment of the uterus, that is to say, the portion immediately superior to the insertion of the sacro-uterine ligaments, as a constant and positive sign of pregnancy. It can be easily recognized not only when the uterus is resisting, as ordinarily, but when it is elastic and soft. Even then it is possible, by depressing the inferior portion of the uterus, to distinguish the superior portions and the rigid neck. The softness of the part is such as to cause the question whether the neck be not simply in contact with a pelvic or abdominal tumor. He knows of no pathological condition of the uterus which could give this symptom, hydrometritis and hæmatometritis become in this way easy of diagnosis.

The cause of this remarkable sign is from the fact that the inferior segment of the uterus becomes the thinnest, softest, and most elastic portion. It results, consequently, that in practising the rectal touch with abdominal palpation, it is possible to feel this portion between the fingers, with the characteristics which it presents. It is evident, however, that the absence of this sign is by no means an evidence of the absence of pregnancy, which may exist without producing these modifications in so marked a degree.—*Journal American Medical Association.*

GENERAL PRURITUS OF THE MENOPAUSE.

Dr. J. Chéron prescribes an ointment composed of

Veratrine	·15 grammes.
Lard	30 grammes.

Apply a portion the size of a pea morning and evening with gentle friction, when the pruritus is limited to the groins, axillæ, the abdominal parietes, etc. When the pruritus is general, veratrine internally is preferable in the following doses:

Veratrine	2 centigrammes.
Liquorice Powder	q. s.

Divide into forty pills. Sig. 2 to 6 pills daily, half an hour or three hours after eating. But one pill is to be taken at a dose, and the number is increased by one daily up to a maximum of eight pills—that is, three milligrammes.—*Lyon Médicale.*

For pruritus vulvæ, unaccompanied by local lesions, I have found the following application very efficient:

℞	Chloroform	℥ss.
	Ol. Amygdala dulcis	℥i ss.

The bottle should be kept well corked and in a dark place. R. Z.

POST PARTUM AVULSION OF UTERUS.—At a meeting of the Obstetrical Society of London on October 8th, Mr. J. Hopkins Walters reported a case: A patient, aged twenty-two, in her third confinement, attended by a midwife, who, in attempting to remove the placenta, introduced her hand and tore away the whole of the uterus, with right ovary and fallopian tube, portions of the round ligaments, and the left fallopian tube. The woman was treated with opium, quinine, and antiseptic washings, and made a good recovery.

Dr. Herman, of the Middlesex Hospital, London, concludes an article in the London *Lancet* on the pathological importance of flexions of the uterus as follows :—Anteflexion is one of the natural shapes which the uterus may have. It is present in the majority of nulliparous women. It is present most often in early life, but tends to disappear as the uterus takes on functional activity. For this reason, in cases in which deficient development is associated with imperfect performance of function, anteflexion is especially often found. There is no evidence that the anteflexed condition in itself causes any hindrance to the performance of function. It is possible that anteflexion may produce symptoms, but it has never been proved, and if it be so, it is certain that such cases are exceedingly rare, and we have at present no means of identifying them. In a healthy state of the pelvic organs it is rare for the uterus to be retroflexed, but this occasionally happens, and causes no symptoms. When the supports of the uterus become weakened and prolapse begins, it is common for the uterus as it sinks, to become retroflexed. Retroflexion is in such cases found accompanied with the usual symptoms of slight prolapsus, which are not modified by it. These cases form the majority of those in which retroflexion, because it is removed by the treatment—viz., the giving of the needed support—which removes the flexion, appears to be the cause of symptoms. But the relief to symptoms follows equally from the treatment whether the flexion is removed or not. The disposition of the musculo-peritoneal bands behind the uterus (utero-sacral ligaments—sometimes called the musculi retractores uteri) is in a few cases such that when the body of the uterus sinks between them, the veins which return the blood from the uterus are pressed upon, the return of blood obstructed, and congestion of the uterus is the result. In such cases striking relief quickly follows the raising of the uterus, so that its veins are no longer pressed on; and this relief is most striking when the uterus is so much raised that it falls into a position of so-called anteversion. It is probable that many symptoms have been attributed to flexions which depend simply on the general health of the patient, and would have been cured by the treatment adopted if the shape of the uterus had been quite ignored.

The Midwifery Fee.—With regard to the midwifery fee, I should like to see it expunged altogether. What is there peculiar about a midwifery case that should take it out of our ordinary services? You attend the wife of an artisan; you arrive there when all is over, stay a quarter of an hour, pay two or three subsequent visits, and charge a guinea; that is unfair to the patient. For the same fee you attend another case, perhaps in the night, stay some hours, and pay two or three subsequent visits; that is unfair to the medical man. I think the midwifery fee should be abolished, and our charges made as for ordinary attendance, charging extra for special services and for detention, and charging for each subsequent visit. It may be said that this would increase the temptation in some men to pay unnecessary visits. This should not be. We ought always to bear in mind the patient's welfare, and that alone.—*Dr. Alfred Sheen, in Brit. Med. Journal.*

University Intelligence—Cambridge, Oct. 11th.—The examiners in State Medicine, Drs. Airy, DeChamoul, and Carpenter have issued the following list of those examined and approved for Diploma in Sanitary Science :—A. Allan, M.D. Edin.; T. S. Covernton, M.D. Toronto University, L.R.C.P. Edin.; John Eyre, L.K.Q.C.P. Ireland; D. A. Greswell, M.B. Oxford; K. P. Gapta, F.R.C.S. Edin.; H. Handford, M.D. Edin.; J. B. Hurry, M.B. Cantab.; J. J. Macan, M.A., F.R.C.S., T. J. McGann, F.R.C.S. Edin.; F. Marsh, F.R.C.S., F. Welsh, F.R.C.S., W. C. Wise, M.D. St. Andrews.—*Times* Newspaper, Oct. 13th, 1884.

Still they Come.—In the Medical Section of the French Association for the Advancement of Science *(Session de Blois)*, M. Delore advocated the bacterian origin of eclampsia (1) because there is often nephritis and albumenuria. (2) There is *post mortem* elevation of temperature. (3) Though the contagiousness of eclampsia is not actually proved, there are circumstances pointing that way, such as in hospitals simultaneous cases and epidemics of eclampsia. (4) Beause in scarlatina, measles, etc., convulsions fequently occur. (5) Because death often occurs in eclampsia. (Alienists may soon have to add to the nosology of insanity a new disease —Bacteromania).—R. Z.

HYDROCHLORATE OF COCAINE,

THE NEW AGENT FOR LOCAL ANÆSTHESIA.

This article has been tested in ophthalmic practice, and found to be a very valuable addition to the materia medica. A four per cent. solution is commonly used, and of this a few drops are generally sufficient to produce insensibility.

SHUTTLEWORTH'S
FLUID EXTRACT ERGOT

This Extract, which holds the highest position in point of reliability, is prepared from various Ergots of Spanish and German growth. The drug has been thoroughly studied, and the conclusion arrived at that a well-made fluid extract represents its virtues better than any isolated principle or principles can do. The character of the Ergot itself is somewhat uncertain, and for the past five years it has been the practice of the maker to mix various samples of the best kinds of the drug which can be obtained, and the stock of Extract on hand is never allowed to become exhausted, so that, in reality, it consists of a mixture of a very large number of different lots. In this way an Extract of uniformly average strength is obtained, and it can, in all cases, be depended on whenever the pathological effect of Ergot is possible.

This Extract may be obtained of all druggists throughout the country.

MEDICINAL PLASTERS.

SURGEONS' ADHESIVE PLASTER,

MUSTARD PLASTER,

IN YARD ROLLS AND IN LEAVES.

Made from the best black Trieste seed, and so spread that either a powerful blistering or mild rubefacient effect may be produced. This is accomplished by using one or other side of the Plaster.

WATERPROOF TRANSPARENT PLASTER,

Absolutely Waterproof, Powerfully Adhesive, Transparent and Pliable.

SUSPENSORY BANDAGES

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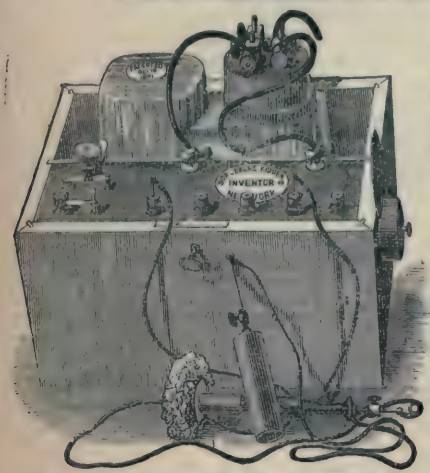

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To Correspondents — *We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

To Subscribers.— *Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

We regret to learn that, from some cause unknown to us, copies of the Journal have lately gone astray. Any of our subscribers who have not received it regularly, may obtain the missing numbers on application to Dr. Aikins, by post-card or otherwise.

TORONTO, DECEMBER, 1884.

SIR JOSEPH LISTER ON CORROSIVE SUBLIMATE AS A SURGICAL DRESSING.

Sir Joseph Lister delivered an address at the opening meeting of the Medical Society of London on October 20th on the above subject. He stated that his results for some weeks had not been uniformly good—in fact, he had one death from septicæmia. Upon investigation, he found that the eucalyptus gauze, which he had been using for some time instead of the carbolic gauze, was at fault from some carelessness on the part of the manufacturers. The carbolic gauze, when properly prepared, is the most reliable we have, but as it is volatile its virtues are limited in duration.

During the summer he made some experiments with corrosive sublimate, which yield very satisfactory results. It has been noticed that corrosive sublimate dressings were, under ordinary circumstances, rather irritating, and this has been a great objection to their use; but Sir Joseph has found that under certain conditions this difficulty may be removed. In one case in which he used a 1 to 500 solution of the sublimate for cleansing the protective, the skin was much irritated; but he discovered that when mixed with the albumen of serum or blood it was more innocuous. The sublimate combines with the albumen to form, not an albuminate property so called, but a simple mixture of the two, which is less irritating than the watery solution. He therefore takes serum, which can be best obtained from the blood of the horse, and after adding the sublimate in the proportion of one per cent., soaks the gauze in this and uses it for his ordinary dressings. We will look with considerable interest for further reports of this plan of treatment.

PROFESSIONAL ADVERTISING.

In the Toronto *Mail* of November 3rd there appeared an account of an interview between a reporter and a physician of Montreal, which occupied two columns. The doctor kindly gave a little information about the Longue Point Asylum, and a great deal about himself, from which we gather the following important points: The doctor is a leading medical writer, a prominent practitioner, and an associate editor of the *Canada Medical Review*, whatever that may be. There appeared in the journal a comprehensive article of his dealing with this question, which was actually written by himself, and which exhibited force, power, courage, and manliness.

The doctor assured the reporter with a modesty which is positively charming that he did not profess to be an expert in insanity, but from his examinations and cross-examinations in the higher courts by the most eminent and critical lawyers, he had proved incontestably his knowledge of the science from profound study of the subject. He also considered he was a good authority on certain subjects because he had been a Medical Superintendent of an important hospital. He referred in a touching manner to the fact that his independent, clear, and comprehensible evidence given during his five or six hours' examination was garbled in the newspaper reports; but, with rare generosity, added that he did not complain, but rather pleaded for the press men under the circumstances.

In Toronto we claim that we can beat the world, even Montreal, in doctors' signs; but in the matter of newspaper puffing we have never touched anything half so magnificent as this.

The next annual meeting of the American Laryngological Association will be held in Detroit in June, 1885.

THE CHOLERA BACILLUS.

Dr. Austin Flint, sen., read a very exhaustive paper before the New York County Medical Society on the parasitic doctrine of epidemic cholera. This paper, together with Dr. Koch's report at the Medical Congress in Berlin, will form the materials from which we will give our readers, in a condensed form, the history and present state of our knowledge with regard to this very interesting subject.

In 1883, Dr. Koch was sent to Egypt by the German Government to make investigation in the disease which was raging in and around Alexandria. Subsequently, he went to Calcutta with the same object, and continued his work in Toulon during the past summer.

The results of his labours he gave in a number of reports to his Government. They may be summarized as follows :—

1. The discovery of a form of bacteria, named by him the comma bacillus, which he constantly found in the walls of the intestines, and in the discharges of those who had died of cholera. He also successfully cultivated this bacillus.

There is no doubt, therefore, but that the comma bacillus is a veritable organism, and that it is found in great numbers in the intestines of those who die from cholera. It has yet to be proved, however,—

1. That this organism is constantly present in cholera patients. Dr. Koch found it in all the cases he examined. The number, however, was necessarily limited.

2. That it is never present in any other form of disease.

A very similar, if not identical, growth has already been discovered in cholera nostras—a growth which Dr. Koch himself admits to be very similar indeed to the cholera bacillus.

3. If the bacillus were constantly found in true epidemic cholera and in no other disease, the most difficult question of all still remains unsettled, viz., Is the bacillus the cause of Asiatic cholera, or is it simply a product of diseased action? The only reliable method of proving this point is the cultivation of the bacteria, and the successful innoculation of animals by them.

Koch had reported failure in securing this proof, and the French Commission had met with the same results in their experiments. Two Swiss physicians, Rietsch and Nicati, had successfully innoculated a number of guinea pigs, dogs and rats with the cholera microbes. The guinea pigs all died at a minimum interval of forty hours, after symptoms of diarrhœa and cramp, the same as with human beings, while the dogs died four days after inr oculation. The choleraic secretions were injected directly into the duodenum, after ligation of the common bile duct.

The conclusions which they drew from their experiments were,—

1. That in doubtful cases a diagnosis could be made by injecting a portion of the discharges into the duodenum of a guinea pig, when, if cholera were present, the symptoms would be at once manifest.

2. That the gastric juice and bile digest microbes very thoroughly. These juices are poured out in large quantities during digestion, and thus infected water can be taken with greater impunity during than between meals.

It will therefore be seen that, although Dr. Koch has not yet given absolute proof of the truth of his discovery, it is probable that it will yet be confirmed and established by future experiments.

If the parasitic origin of the disease were established, what bearing would it have on its prevention? A very important one. The complete destruction of the parasite, directly as it leaves the body, would have a decided influence in checking the spread of the disease. The disinfection of clothing and merchandise would also claim attention. It is evident that the parasite thrives in dirt and filth, hence cleanliness is of the greatest importance.

The effect of the parasitic origin of cholera will also influence our methods of treatment. So far as known, there is no agent sufficiently powerful to destroy the parasite in the intestine which will not prove hurtful to the general system. It is, however, possible that one may be discovered.

Dr. Flint recommends, as the result of experience, opium and complete rest, as the remedies *par excellence*; and states that if these

agents are employed soon enough, they will almost certainly check the disease.

"What the *modus operandi* of the opium was in this affection he was not prepared to say. Its unquestionable efficacy was one of those instances, which were not rare in practical medicine, of a therapeutical truth which could not be satisfactorily explained in the present state of our knowledge."

PROPOSED AMENDMENTS TO THE ONTARIO MEDICAL ACT.

Pursuant to a resolution passed by the Medical Council last June the members of the Legislative Committee of that body, consisting of the President and Vice-President, and Drs. Logan, Edwards, Burns, Douglass, Cranston and Lavell, together with Drs. Bull, Oldright, H. H. Wright, Cassidy, and other city medical men, waited upon the Attorney-General, on the 4th instant, in order to lay before the Government the following proposed amendments to the Medical Act.

The various clauses were explained to the Premier by the President and Dr. H. H. Wright. Mr. Mowat promised that they should receive his careful consideration.

Regarding the action of the Council we may say that our feeling has all along been that the Act is a good one as it stands, yet we must, for the main part, admit the propriety of the amendments. There is, however, always a danger in approaching a body like the Legislature with a request for changes in certain bills, lest when the pruning knife is once applied it may be wielded by the hand of the destroyer.

The following are the proposed amendments :

Firstly. In section VI. add, "And provided that said Colleges, not mentioned in this clause, must establish a Medical Faculty, and give lectures in each department for such a time as may be specified by regulations of the Council.'

Secondly. That all actions brought against medical practitioners for malpractice must be instituted not later than one year from the date of such so-called malpractice.

Thirdly. In regard to proper payment of medical witnesses when summoned to give medical evidence before any court of law or equity, recommend that they should be properly paid.

Fourthly. That we recommend the appointment of a medical man in each Division to act as taxing officer for all medical accounts in dispute, when so required, with similar powers to those of the taxing officers of the Law Society.

Fifthly. That section XXVII. of the "Ontario Medical Act" be expunged, and that the following be substituted : "Each member of the College shall pay to the Registrar, or any person deputed by the Registrar to receive it, an annual fee of five dollars, with the privilege of at any time commuting for life by a cash payment of twenty dollars—or such as added to what he has already paid will make twenty dollars—and such fee shall be deemed to be a debt due by the member to the College, and be recoverable with costs of suit in the name of the College of Physicians and Surgeons of Ontario, in the Division Court in the City of Toronto, and in default of payment that his name be erased from the Register of the College. Sub-sec. 1. Provided that said member may be reinstated by payment of all dues and costs incurred to the date of re-registration."

Sixthly. That the Council shall have power to establish a code of ethics, and in the event of any violation of the code, to punish the offender by suspension or erasure of his name from the Register of the College—such action to be proceeded with by examination by the Council—the same to have power to examine witnesses on oath.

Seventhly. Security for costs in suits for damages for alleged malpractice. The plaintiff's and defendant's private examination might be placed before a judge of one of the superior or High Courts, and, if the judge thought it doubtful that a conviction would be obtained against the defendant, he might order the plaintiff to give security for costs, so that if the judge at the trial dismissed the suit, or if the jury found for the defendant, the defendant would not in fact be saddled with damages—the damages here, of course, being his own costs, which too often the plaintiff cannot pay.

The first three clauses will at once enlist the sympathy of the profession.

The fourth would appear to be unnecessary if each Territorial Division had a properly defined Tariff of Fees, which may be legalized by the Act as at present existing.

The fifth clause has already provoked hostile criticism, although evidently based upon misapprehension by the critics. We cannot say that it entirely meets with our approbation. The Act limits the yearly assessment to "not less than one, nor more than two dollars." Custom seems to have established the yearly tax of one dollar. We learn that even this small sum in many cases is not paid, and that it is difficult to collect it by process of law. If this clause were limited to that portion relating to recovery of fees in the Toronto Division Court, the Council would get over the difficulty and receive funds enough for carrying on its work, and the practitioner would have no cause for complaint. We may point out, in this connection, the fact that in many cities and states of the neighboring republic a yearly assessment of ten dollars for revenue tax is made upon every medical practitioner.

The sixth clause is of the utmost importance, and, if passed, will enable the Council to proceed against offenders who are now beyond its power to punish. And, lastly, instances could be multiplied of the hardship experienced by established practitioners, who having successfully resisted an onslaught upon their personal character or professional skill, are mulcted in heavy costs because of the poverty of the plaintiffs. The law now marks the surgeon as fair game for every crippled pauper who, by bringing a suit against the man who may perhaps have saved his life, has everything to gain, and nothing to lose.

The objection to this clause has been offered that it comes under the heading of class legislation. Doubtless it does; but is any class in the community so exposed to malicious prosecutions (which is the fact in ninety-nine of every hundred of such suits) as members of the medical profession?

Our sympathy is with the Council in this matter, and we trust the Government may grant the required amendments, with some very slight alterations, which in themselves are comparatively trivial.

MEDICAL COLLEGE LITERARY SOCIETIES.

The first open meeting for the session of the Trinity Medical College took place on the 25th ult. Dr. Sheard, the popular president, gave the inaugural address. A number of songs and recitations were given by the students, much to the delight of the large audience present.

The Literary Society of the Toronto School of Medicine commenced the session under the most favourable auspices. Dr. W. H. B. Aikins, the president-elect, delivered his inaugural address, which was followed by readings and music. The Society received fifty dollars from Mr. George Sears, of New York, to be devoted to the literary fund. Dr. Winstanley, of Toronto, also gave some valuable books and journals.

THE ANÆSTHETIC PROPERTIES OF COCAINE.

Observations have recently been made of the anæsthetic effects of cocaine, which promise to be of great importance to the profession. Dr. Koller, of Germany, first wrote of its effect in diminishing the sensibility of the conjunctiva, and it has since been successfully used by several American ophthalmic surgeons. It was previously known that cocaine had the power of lowering, even destroying, the sensibility of the sensory nerves, but the honor of introducing it as a practical anæsthetic agent belongs to Dr. Koller.

Cocaine is also a mydriatic. "The dilatation of the pupil begins in from ten to twenty minutes after this solution is instilled into the eye, and reaches its maximum in from thirty to forty minutes, remains stationary for half a hour and then slowly declines, disappearing wholly within twenty-four hours."

It does not irritate the eye, and no pain or discomfort is caused by it. Three, four, or five drops of a four per cent. solution should be dropped into the eye every four minutes for twenty minutes previous to the time of proposed operation.

Cocaine has also been used successfully as a local anæsthetic for operations on the ear and larynx. It is probable that small growths can

be removed from the skin, without causing pain, when this agent is used.

Cocaine is an alkaloid obtained from the erythroxylon coca. It is a strong base, uniting with acids to form salts.*

DR. WORKMAN.

We are pleased to notice that our esteemed friend Dr. Workman was made an honorary member of the Phreneatric Society of Italy, in September, 1883, also an honorary member of the British Medico-Psychological Association, in July, 1884.

Dr. Workman is acknowledged by all to be the leading Alienist of Canada. We take it that he honours those foreign societies by his membership as much as they honour him in conferring this distinction.

It is pleasing to see one who has always been such a true friend to the profession, such a straightforward and conscientious worker in his specialty, receiving, although late in life, the highest distinctions which can be conferred upon him.

MR. LAWSON TAIT AND SIR SPENCER WELLS.

It was thought by some that Mr. Tait, in his address on Abdominal Surgery, which first appeared in this journal, was rather severe in his criticisms of Sir Spencer Wells' statements and methods. The Boston *Medical and Surgical Journal* went so far as to say that Tait's chief aim was to castigate Spencer Wells. Mr. Tait has kindly forwarded to us a copy of his reply, which we publish with pleasure in this issue. To those who have been in London it is well known that Sir Spencer and his friends have for years been saying very harsh things about both Mr. Tait's methods and his private character. While we regret the tone which each adopts towards the other, we think it is hardly to be wondered at that Mr. Tait should show some bitterness towards the distinguished surgeon who has so frequently treated him in a very contemptuous manner.

* See communications from Drs. Reeve, Ryerson, and Rosebrugh.

MEDICAL SCHOOL DINNERS IN TORONTO.

The annual dinners, as is well known, have become an established institution in connection with the medical schools in Toronto, and this year were exceedingly successful in all respects.

The Toronto School dinner was held in the Rossin House on the 12th Nov. Dr. Bascom occupied the important position of chairman, and won golden opinions from all by the grace and ability he exhibited. The vice-chairmen were Messrs. Forster and Thistle. Mr. H. J. Hamilton was secretary of the committee. Dr. Martin responded for the graduates, Mr. Hutton for the graduating class, Mr. McCasey for the freshmen, and Mr. Mullock for the ladies. The students' speeches were excellent. Among those which were received with great enthusiasm were the addresses of representative students of Trinity, Queen's, and the London Schools. It is always a matter of regret that these toasts come on so late in the evening, Would it not be well to reduce the number of toasts proposed?

The speeches, on the whole, were above the average for after-dinner speeches. Drs. W. T. Aikins and Richardson responded for the Toronto Faculty, Dr. Grasett for the Trinity Faculty, Dr. O'Reilly for the Toronto General Hospital, and Dr. Barrett for the Woman's Medical College.

Among the invited guests who spoke were: His Honor the Lieut.-Governor of Ontario; His Worship the Mayor; Professor Ramsay Wright; Mr. Buchan; Mr. Clark, M.P.P.; Rev. Father Teefy; Rev. Dr. McVicar; Dr. Eccles, of London; Rev. Dr. Stone, and others. While the speeches were all good, there were too many of them, if it be possible to have too many of such *good things*. Among the spectators were many ladies, who appeared to enjoy the proceedings very much.

It was remarked by several that this was the most successful dinner ever given by the Toronto School of Medicine.

The Trinity School dinner was held in the Rossin House on the 20th of November, there being a large number present. Mr. P. A. Dewar

acted as chairman, and acquitted himself very creditably. His opening address was well received. The vice-chairmen were Messrs. Gilbert Gordon, J. H. Hoover, and Elias Clouse.

His Honour the Lieutenant-Governor made a very happy speech, in which he expressed the great pleasure he had derived from his attendance at both medical dinners of this year, and his admiration for the ability displayed by the students of both schools.

Hon. Edward Blake spoke kindly of the medical profession, and as an instance of the great influence which its members wielded, referred to the fact that there was no stronger candidate for Parliament than the country doctor. It was the duty of the medical profession to use the influence thus indicated with the highest and loftiest purposes.

Among the other guests who responded to the different toasts were the Hon. John O'Donohoe, Dr. Widdifield, His Worship the Mayor, Hon. G. W. Allan, Dr. W. T. Aikins, Dr. Barrett, Rev. Provost Body, Mr. Buchan, and others.

The interest was well sustained during the whole of the rather long evening, and the entertainment was highly successful in every respect. The only drawback was, as in the case of the Toronto dinner, the undue length of the programme.

PROF. STRUTHERS ON MEDICAL EDUCATION IN CANADA AND THE UNITED STATES.

At the opening of the winter session of the Aberdeen University, Prof. Struthers delivered an address on "Medical Systems in Canada and America, and that of Great Britain." It will be remembered that the Professor visited Montreal as a member of the British Association, and afterwards spent a few days in Toronto on his way to the Niagara Falls. He stated that he never heard better speaking than at the dinner of the Canadian Medical Association, or more evidence of culture in the profession of any country.

He is pleased with the satisfactory manner in which the preliminary and professional examinations are conducted. He spoke of McGill University as maintaining an excellent standard in its teachings and examinations, but is of opinion that it needs larger endowments for its scientific chairs.

We are glad that Prof. Struthers has referred to this matter of endowment. Sooner or later the public must learn that in this age a Medical School cannot be properly conducted without a large endowment.

He believes that upon the whole the medical profession in Canada deserves the best sympathy and support from Great Britain in its efforts to maintain a good standard in the face of the depressing tendencies of the system of the neighbouring States of America.

UNIVERSITY CONFEDERATION.

Meetings of the representatives of the different colleges in the province were held in the office of the Minister of Education, on the 19th, 20th, and 21st of November to consider the basis on which to form a united Provincial University. After several prolonged sessions, an understanding was arrived at which may lead to the formation of such a basis. The Committee will meet again in four weeks, when we may hope to hear of more definite results.

THE DANGERS OF THE ASPIRATOR-NEEDLE.

The use of the aspirator-needle has generally been considered a safe procedure, but it is certainly not perfectly so. Dr. A. Reeves Jackson, of Chicago, reports, in the *Chicago Medical Journal and Examiner*, a case of fatal hæmorrhage following its use in the case of suspected pelvic abscess. The patient was 25 years of age; had one living child, aged 3 years. In August, 1884, had a miscarriage, which was followed by signs of pelvic inflammation. In a few days a soft spot was discovered to the right of and one inch from uterus. The aspirator-needle was introduced under antiseptic precautions. Bleeding from vagina followed, and a tampon was introduced, but, notwithstanding this, the hæmorrhage continued, and about two quarts of bright blood escaped. Death ensued in less than an hour after the operation.

HYDROCHLORATE OF COCAINE IN GYNOCOLOGY.

Dr. Polk, of New York, reports in the *Medical Record* two cases of trachelorrhaphy in which he tried the application of hydrochlorate of cocaine as a local anæsthetic. After douching the vagina, soaping its upper portion, washing this off, and then thoroughly drying, he applied a four per cent. solution over the cerrix, in the canal, and over the adjacent vaginal wall with a camel's hair brush. Three applications were made at intervals of two or three minutes, and the operation was commenced within three minutes of the last application. No pain was felt for thirty minutes in the first case, and twenty in the second. In the latter a fresh application was made during the operation directly to the cut surfaces. The results were satisfactory.

The doctor is also testing its value in obstetric practice by a series of observations in the Emergency Hospital. The same solution is being applied to the cervix and upper part of the vagina during the severe pains of the first stage of labour. He will report results hereafter.

DR. CARL JENSEN'S PEPSIN.

Dr. Jos. H. Richardson, Professor of Hygiene in the University of Pennsylvania, after having made a series of investigations with Jensen's pepsin, certified that its solvent power was not less than twelve times as great as that of the "pepsinum saccharatum" (U. S. Pharm. 1880), and that this method of preparing pepsin unquestionably placed within the reach of physicians a vastly improved means for aiding the stomach digestion of nitrogenous food.

BELLEVUE HOSPITAL MEDICAL COLLEGE.—Dr. Paul Grawitz, assistant to Prof. Virchow, has just been appointed Professor of Pathological Anatomy in Bellevue Hospital Medical College, and Director of the Carnegie Laboratories. Dr. Grawitz was in this country during the past summer. We learn that, as the result of the informal understanding which was then had with him, no doubt is felt as to his accepting the position.—*Medical News.*

Correspondence.

COPY OF A LETTER ADDRESSED TO EDITOR OF "BOSTON MEDICAL AND SURGICAL JOURNAL."

SIR,—I have had very much pleasure in perusing a large number of notices, in the American medical press, of the address which I was privileged to deliver to the Canada Medical Association in August last. The compliments paid to me in these notices have been far greater than I deserved, but the pleasure derived from all of them is more than counterbalanced by the pain I have felt at an editorial comment in your paper. Therein you express your opinion that my address was intended more for the castigation of Sir Spencer Wells than for the purpose of laying before the profession the results of my own experience and observation.

I am truly grieved that it should be possible in any way to put such an interpretation upon anything that I have said, for certainly nothing was further from my purpose. That I detailed my differences from Sir Spencer Wells, in words which were strongly expressed, is true, for when I feel strongly I am in the habit of fully expressing my meaning. That I strongly condemned language which was used rashly and indiscriminately by Sir Spencer Wells is equally true, but that I had any intention of castigating that gentleman is an impression which I desire to remove; and if any word or phrase throughout my address can be legitimately understood in that direction, I hereby freely and unreservedly withdraw it, and express my regret for it.

But let it be clearly understood that mere strength of language in the expression of my opinion is neither to be retracted nor to be regretted. I do therefore trust that you will allow me, in order that I may not appear in an unfair position in the eyes of the numerous readers of your influential journal, briefly to narrate the relation which Sir Spencer Wells has adopted towards me during the past few years. Until the month of August, 1881, I was on terms of intimate, almost close friendship with him, and I have discussed with him in private freely, and without the slightest difficulty, all the

points upon which we have since been publicly at variance. I could never discover that by reason of difference of opinion there was anything likely to destroy our friendship. But at a meeting of the Obstetrical Section of the International Medical Congress, in London, in a public discussion of the question of the removal of diseased uterine appendages, Mr. Spencer Wells uttered this sentence: "That he had only seen one case which justified such an operation, and it was a very remarkable thing that so many were reported; he supposed that they must all go to Birmingham." My reply to him was that there was probably more truth in his suggestion, that the cases went to Birmingham, than he had any idea of, and from that time, and apparently from that reply of mine, all association between us has ended. It has been repeated frequently to me that insinuations have been made in London concerning my practice of an extremely objectionable kind, and these I have traced in several instances to the lips of Mr. Spencer Wells.

During the past three years, as in many instances before that time, it has been considered advisable by patients and their friends that they should have the opinion of Mr. Wells as well as mine, or that they should have my opinion in addition to that of Mr. Wells; and in all such cases I have acted upon the rule of my profession, and have communicated by letter or by telegram with Mr. Wells. On his part, he has persistently subjected me to the most humiliating treatment which one practitioner can apply to another—that of entirely ignoring my communications—and in public he has deliberately turned his back upon me. Under such circumstances as these it will not be a difficult matter for your readers to understand that I am not much inclined to modify language which in any case would be strong, nor to pick and choose my expressions in order to couch them with greater delicacy. I have received at the hands of Sir Spencer Wells treatment which I think anyone would resent; but, in spite of that, I had no intention of saying one word which could be regarded as being intended for purposes of castigation. I would further point out that what I have said has been chiefly in defence of another whose positions have been assailed, whose accuracy and honesty have been called in question—I mean Dr. Keith, and I have said very little indeed on my own behalf. I also think I am justified in saying that what little I have said for myself was in reply to repeated attempts at castigation which have been made upon me by Sir Spencer Wells.

In conclusion, I can only say concerning Sir Spencer's conduct towards myself, that it is not what we expect from an English gentleman; still less is it in harmony with the position to which, by the grace of his Sovereign, he has been recently raised.

I am, Sir,

Your obedient servant,

LAWSON TAIT.

Birmingham, Oct. 5th, 1884.

To the Editors of the PRACTITIONER.

DEAR SIR,—Would you kindly allow me space in your columns to say a few words about post-graduate medical instruction in this city. I need not mention what can be found in the announcements of the colleges, but would speak of one leading idea, of practitioners being able to gain a thorough practical knowledge of "specialties." I am attending the Polyclinic, in which the sessions are divided into terms of six weeks each, the different branches being taught by a large staff of professors and assistants, with an abundant supply of clinical material. For instance, in diseases of women, in the school building numerous cases are brought before the class, and examinations, digitally and by means of instruments, fitting of pessaries, and minor operations are taught by demonstration. For major operations the members of the class have tickets to the Women's and other hospitals. In the diseases of the eye, cases are presented for examination and treatment, fitting of glasses—each member of the class, with his ophthalmoscope, being also given cases to examine and so to learn the use of the ophthalmoscope. Surgery, orthopœdic surgery, diseases of nervous system, throat and nose are taught similarly by clinical demonstration. The professors are among the most eminent in the city. In this plan of instruction and division of the sessions a physician can, without leaving

for a long term and so injuring his practice, be absent from home for the short term mentioned and study one particular branch. At the end of a year or so he can leave home again to more fully perfect himself in that branch, or take up other branches. In the coming struggle for professional existence, owing to the rapid increase in numbers of medical men, those who avail themselves of these splendid opportunities, and go from home to brush the rust off occasionally, will be the "fittest to survive," and to surpass their more stay-at-home neighbours. We have in the school men from Canada and Maine, California and Texas, professors of colleges and recent graduates, and all seem delighted with the course.

Yours truly,

W. E. MACKLIN, M.B.

Thirty-second St., New York, Oct. 31.

Obituary.

DR. GEORGE WILLCOCK

Was one of the most promising young physicians in Toronto, and his death, on the 18th of November, was both a shock and a surprise to many of his friends who had not heard of his illness. After going through the regular course in the Toronto School of Medicine he graduated in Toronto and Victoria Universities in 1881, and the same year he took the double qualification in Edinburgh. He commenced practice in Toronto the same year, and was remarkably successful. His last illness was very short, the prominent symptoms being those of uræmia. He left a wife and one child.

DR. A. MACLEOD.

Many of the readers of the *Practitioner*, especially those in Montreal, will be sorry to hear of the death of Dr. Archibald MacLecd, of New Westminster, B.C., which took place on the 15th of October, from inflammation of the bowels, after a short but painful illness.

Dr. MacLeod was born on the 16th of February, 1859, at Orwell, Prince Edward Island. He was the fifth son of Capt. Alexander MacLeod, of H.M. Surveying Steamer *Gulnare*. He studied at Prince of Wales College, Charlottetown, and McGill University, Montreal, where he graduated in March, 1883, completing his studies at the New York Polyclinic. He came to this Province in July of last year, and commenced the practice of his profession. He was a brilliant student, and entered active practice with that earnestness and diligence which would have placed him, in time, at the head of his profession.

During his short residence in the Province he made many friends by his kind and genial manner.

Victoria, B.C., Oct. 23, 1884. G. L. M.

Book Notices.

Monthly Health Bulletin of Ontario for month of September.

Jequirity: Its Uses in Diseases of the Skin. By JOHN V. SHOEMAKER, A.M., M.D., Philadelphia.

Club-Foot—Is Excision of the Tarsus Necessary in Children? By DEFOREST WILLARD, M.D., Philadelphia.

One Aspect of the Subject of Medical Examination as set forth in the Work of the North Carolina Board of Medical Examiners.

Statutes of Massachusetts Relative to the Adulteration of Food and Drugs. Published by the State Board of Health, Boston, 1884.

Oxygen as a Remedial Agent. By S. S. WILLIAMS, M.D. Reprinted from the *Medical Record*, New York, 1884.

Jewish Hygiene and Diet: The Talmud and Various other Jewish Writings, heretofore untranslated. By CARL H. VONKLEIN, A.M., M.D., Drayton, Ohio.

A System of Human Anatomy. By HARRISON ALLEN, M.D. Section VI. Philadelphia: Henry C. Lea's Son & Co. Toronto: Piddington & Co.

The Science and Art of Surgery. By JOHN ERIC ERICHSEN, F.R.S., LL.D., F.R.C.S. Eighth edition. Philadelphia: Henry C. Lea's Son & Co., 1884.

Forty-second Report of the Legislature of Massachusetts, relating to the registry and return of births, marriages and deaths, with editorial remarks by Frank Wells, M.D. Boston: 18 Post Office Square, 1884.

The Physician's Pocket Day-book. By C. HENRI LEONARD, M.A., M.D. Illustrated Medical Journal Company, Detroit, Mich.

As this is the season for purchasing new visiting lists, we do not think that physicians could do better than invest in Dr. Leonard's pocket day-book. It is of a convenient shape and size, and answers well the purposes for which it is published.

The Medical Record Visiting-List or Physician's Diary for 1885. New York: WILLIAM WOOD & Co.; Toronto:

This Visiting-List combines many good qualities, which for some time have made it a favourite with physicians. It is convenient in size, well arranged, well bound, and contains good paper. For those who like the weekly plan it is all that can be desired.

A Brief Treatise on Therapeutics. By J. MILNER FOTHERGILL, M.D., M.R.C.P. Edited for the U.S. Pharmacopœia by W. H. ROUSE, M.D. Detroit: The Illustrated Medical Journal Company.

This little work of 140 pages is written for the student and young practitioner, to whom the practical points which Fothergill makes will be most useful. It contains numerous formulæ, and concludes with a chapter on diet for the sick, by Mrs. Drant, matron of the hospital of the Michigan College of Medicine, Detroit.

Materia Medica and Therapeutics. An introduction to *The Rational Treatment of Disease.* By J. MITCHELL BRUCE, M.D. Lond., F.R.C.P., Lecturer on Materia Medica and Therapeutics, Charring Cross Hospital. Published by Henry C. Lea's Son & Co., Philadelphia, 1884.

This book is mainly therapeutic in its aim, and is intended to be a rational guide to the student and practitioner of medicine in the treatment of disease. It is already recommended to the English medical students as a text book, and is worthy of a place among the text-books recommended by the Ontario Medical Council.

A Case of Absence of the Lower End of the Rectum with Passage of Fæces through the Penis: Successful Operation for Relief. Reprinted from *Edinburgh Medical Journal.*

A Case of Sarcoma of the Skin and Cellular Tissue about the Ankle-Joint. Extracted from the *Medical News.*

Clinical Lecture on the Antiseptic Treatment of Wounds by Dry and Infrequent Dressings. Reprinted from *Canada Medical and Surgical Journal.*

All these by FRANCIS L. SHEPHERD, M.D., C.M., M.R.C.S. Eng., Professor of Anatomy in McGill University, Surgeon to the Montreal General Hospital.

The Field of Disease: a Book of Preventive Medicine. By BENJAMIN WARD RICHARDSON, M.D., LL.D., F.R.S., F.R.C.P., etc. Philadelphia: Henry C. Lea's Son & Co.; Toronto: Vannevar & Co.

This book was intended by the author especially for the intelligent reading public. He makes no attempt to teach them how to cure disease, but rather to trace it to its origin or cause. He wishes them to investigate carefully such a cause and endeavour to remove or avoid it. The work is written in a thoroughly scientific spirit, and will, we are certain, be highly appreciated for the professional public, for whom it is particularly intended by the American publishers.

The Popular Science Monthly for December. New York: D. Appleton & Co.

This number is *bristling* with attractive articles, amongst which we notice no less than four from medical men. As we are like all editors, just going to press, we have no time for further comment. Messrs. Youmans show admirable judgment as to the fitness of things, in placing the article, "Starvation: Its Moral and Physical Effects," by Nathaniel E. Davies, L.R.C.P., immediately after an article on "Cannibalism as a Custom," by A. St. Johnston.

A continuation of "Mattieu Williams'" paper on "The Chemistry of Cookery" naturally follows these.

Medical Rhymes. A collection of rhymes of ye anciente time, and rhymes of ye modern day. To interest, amuse, and edify all sorts of followers of Asculapius. By HUGO ERICHSEN, M.D., with an introduction by Prof. W. P. King, M.D Chicago, Ill., and St. Louis, Mo.: J. H. Chambers & Co., 1884.

This is the first compilation of medical poems which has appeared in the English tongue, and must be looked upon as something of a novelty. The purpose of the book is to amuse the busy doctor in his leisure hours. Some of the serious poems will no doubt furnish food for reflection. There are some excellent poems by well known physicians. We find among the contributors Drs. Oliver Wendell Holmes, T. W. Poole, Burnet, James L. Little, W. T. Helmuth, Browson, Davis, Weir, Mitchell, Ward, Duffield, and Battles. It is certain to interest and entertain its readers.

Henke's Atlas of Surgical Anatomy. A series of plates illustrating the application of anatomy to medicine and surgery. Translated and edited by W. A. ROTHAKER, M.D., Pathologist to Cincinnati Hospital, Lecturer on Pathological Anatomy, Maine Medical College. Cincinnati: A. E. Wilde & Co., 1884.

This fine volume reflects credit on the enterprise of the publishers. It contains eighty-one plates, which have been executed with great skill. These plates may be regarded as a supplement to any text-book of anatomy or any atlas of descriptive anatomy, filling the niche which they have left vacant. This work will be valuable to students of medicine and practitioners: to the former, as a means of fixing in their minds the lessons learned in dissection; to the latter, accurate pictures are presented of the connection and relations of the viscera, as well as of the appearance of parts just as they are exposed by the surgeon during operations. The price at which it is offered is very low ($10). This work ought to command a large sale.

A Practical Treatise on Disease in Children. By EUSTACE SMITH, M.D., F.R.C.P., Physician to the East London Children's Hospital, etc. New York: William Wood & Co. Toronto:

Much was expected in a book coming from the author of the "Wasting Diseases of Infants and Children," and in reading the new work on disease in children one is apt to compare it with the old one which has so long been a favorite. We soon find a difference, as the writing of this book is more concise, and perhaps not so pleasing on that account, but at the same time there appears throughout that thorough and practical knowledge of the ailments of children which was so conspicuous in the former treatise.

With so many excellent works of this kind now available, we can scarcely say that there was any urgent necessity for a new one. However, we have it, and are bound to say that it will rank among the best of those published. It is, in fact, in some respects more thorough and exhaustive than any of the others. More diseases are included than usual in such treatises and the classification is very good. We predict a large sale for this work, and feel confident that none of its purchasers will in any sense be disappointed.

A Manual of Dermatology. By A. R. ROBINSON, M.B., L.R.C.P. & S. Edin. New York: Bemingham & Co.

It is with great pleasure we give a review of this the most recent work on skin diseases. The author, Dr. Robinson, we are proud to say is an old graduate of the Toronto University, and a fellow-student throughout his whole course with one of our editorial staff. The work which Dr. Robinson has already given to the world is of the most solid character, many of his short articles having been the result of enormous labour.

It is gratifying also to know that the views of no pathologist in skin diseases in America are received with more respect in Europe than those of Dr. Robinson.

The work before us is about the proper size for a student's text-book. As might be expected, the pathology of the various diseases is dealt with in a clear and exhaustive manner. The woodcuts are from original preparation and are of excellent character. The treatment is necessarily curtailed by the size of the book.

If our readers wish a useful book for reference, and one which gives, in reasonable compass, the very latest views in dermatology, they could not do better than purchase this manual.

Lectures on the Principles and Practice of Medicine. By N. S. Davis, A.M., M.D., LL.D. Chicago: Jansen, McClung & Co.

This new treatise on medicine presents many commendable features. The clinical histories of the various diseases are very fully presented, and give evidence of the power of observation and great experience of the author. The treatment of disease is also dealt with in an exhaustive manner, and many remedies and modes of treatment adopted are peculiar to the writer. In our opinion the principal defects of the book are want of accuracy and clearness in classifying the symptoms of many of the diseases, and a want of recognition of recent pathological and clinical observations. The latter is most prominently shown in the chapter on diseases of the spinal cord. Very little is said of the important discoveries of Charcot, Erb, and other modern neurologists. The recent investigations in bacteriology have been either passed over or spoken of from a biased standpoint. The large number of prescriptions distributed throughout the work are of doubtful utility. The quantities are given according to the metrical system, the equivalents in ordinary apothecaries' measure being given in brackets.

Personal.

Dr. Chisolm, of Arthur, has removed to Erin.

Dr. Campbell has removed from Paisley to Florence.

Dr. Brouse, of Brockville, was married to Miss Allen, of Hamilton, October 15th.

Dr. Atherton, of Fredericton, N.B., has removed to Toronto.

Dr. Austin Flint, jun., after having devoted himself exclusively to Physiology for several years, has resumed the practice of his profession.

Prof. Huxley is in poor health. He will probably leave England for a few months. He may spend the time in Venice.

Dr. J. H. McCollum, of Toronto, has been appointed a medical examiner under the Civil Service Act.

Dr. E. M. Hewish (Toronto, 1883) passed the final of the Royal College of Surgeons, England, on October 23rd.

Dr. W. G. Anglin, of Kingston, Ont., has been appointed resident physician to the Hospital for Sick Children at Edinburgh.

Drs. J. L. Davison and Eduard Furrer (Trinity, 1884,) passed the primary examination before the Royal College of Surgeons, England, in October.

Mr. G. S. Shaver, a student of the Toronto School of Medicine, received a compound fracture of both bones of leg while playing football at Weston on Thanksgiving day.

Sir Lyon Playfair, the representative of Edinburgh and St. Andrews Universities, will be opposed by Mr. Macdonald, Dean of Faculty, at the next election.

A Berlin medical says one of the specialists of New York has made five millions of dollars by his practice. The *Medical Record* asks if this paragraph is a scheme to flood New York with Berlin specialists.

Dr. Osler, of Philadelphia, will deliver the Gulstonian Lectures for 1885 at the College of Physicians; Dr. Herman Weber will deliver the Croonian; and Sir Andrew Clark, the Lumleian Lectures.

Medico-Chirurgical Society of Montreal.—The officers recently elected are: President, Dr. Roddick; Vice-Presidents, Drs. Alloway and Trenholme; Treasurer, Dr. Molson; Secretary, Dr. Gurd; Librarian, Dr. Reed.

Dr. Winstanley expects to leave Toronto during this month (December) for California, and will be accompanied by his family. He may remain in California. He will carry with him the best wishes of his friends, including every member of the profession of Toronto. Last month he presented a number of valuable books to the Toronto School of Medicine Medical Society for the library.

Serious Mortality among Doctors from Cholera.—Twenty medical practitioners have died in Naples, out of one hundred and thirty-nine engaged in attending cholera patients, under the White Cross Society, during the recent epidemic.

Miscellaneous.

Mr. Henry J. Rose, the well-known druggist of this city, leaves shortly for California. Mr. R. R. Martin will control the business.

Dr. Heinrich Neumann, Professor of Psychology at the University of Breslau, died recently in his 71st year.

Prof. Pacini's manuscripts have been purchased by the Italian Minister of Public Instruction.

The Therapeutic Gazette, of Detroit, is to be transferred to Philadelphia—Prof. Wood and Dr. R. M. Smith to become its editors.

Mr. Knowsley Thornton's Ovariotomies.—Among Mr. Thornton's last one hundred ovariotomies, performed in the Samaritan Free Hospital, there were three deaths.

A Dark Day.—Of twenty-four candidates for the primary examinations in the Royal College of Surgeons, England, on October 16th, sixteen were rejected. Some of our Canadian universities would scarcely pluck so many in a century.

Deaths from Cholera.—The New York *Record* gives the following estimate of the number of deaths from cholera between June 14th and October 15th: France, 6,741; Corsica, 100; Algiers, 200; Italy, 12,283; Spain, 436. Total, 19,760, out of about 50,000 cases.

Scientific Aberration.—Dr. Klein, of London, to show his disregard for and lack of faith in Koch's comma-bacillus, has made a meal on them recently. The *British Medical Journal*, fully appreciating how ridiculous the affair is, states that everybody in London laughs at the experiment.

Common salt in solution is an old treatment for pulmonary hemorrhage. It has been given in France with success in cases of severe uterine hemorrhage when there was danger of syncope. A solution is made with water and given in small quantities, frequently repeated, so as to avoid vomiting. The solution is rapidly taken up by the vascular system, and danger is tided over.

Dr. A. Hughes Bennett says that according to the respect with which the physician treats his own calling, and the courtesy and forbearance he exercises towards his colleagues, so will he raise his profession in the eyes of the world. Just as his relations with the public are dignified and honourable, so will he elevate himself above the adventurer and the charlatan.

Death from Sucking a Tracheotomus Tube—Dr. Samuel Rabbeth, senior resident medical officer of the Royal Free Hospital, of London, England, performed tracheotomy on a child, aged four, suffering from diphtheritic croup, October 10th. Air did not enter in a satisfactory manner, and Dr. Rabbeth sucked the tube to clear the trachea. Four days later the doctor began to suffer from sore throat, which passed into diphtheria, and died on October 20th.

The American System of Practical Medicine.—This work is now in active preparation and is likely to prove one of great value. It will be edited by Dr. Pepper, of Philadelphia, and will consist of five volumes, the first of which will appear in February next. The names of the authors, who are all Americans, and are specially chosen on account of their intimate knowledge of the subject they will treat, will certainly inspire confidence among the members of the Profession in Canada. The publishers are Henry C. Lea's Son & Co., of Philadelphia.

An Interesting Case.—Three medical celebrities meet together to consult at the sick bed of General X. After they go, the General rings for his man-servant. "Well, John, you showed those gentlemen out; what did they say?" "Ah, General, they seem to differ with each other. The big, fat one said that they must have a little patience, and at the autopsy—whatever that may be—they would find out what the matter was."

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